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For Diverse People of African Descent
CHEROKEE
soul parade
YOUNG PEOPLE
ON THE MOVE
FALL 2002
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SHERYL LEE RALPH
back to broadway
Vol.3 No.03 APR 2002
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FEEL THE POWER

a·rise (ə rizˈ) 1. to get up as from a sitting or prone position
2. to move forward: ascend 3. to come into being: originate
Claibourn

An Original Painting Created Exclusively for ARISE Magazine
Artist: Claibourn Hamilton http://home.earthlink.net/~rchamilton/

ARISE

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Gye Nyame is an Akan symbol, representing, the omnipotence and the omnipresence of God, originating from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.

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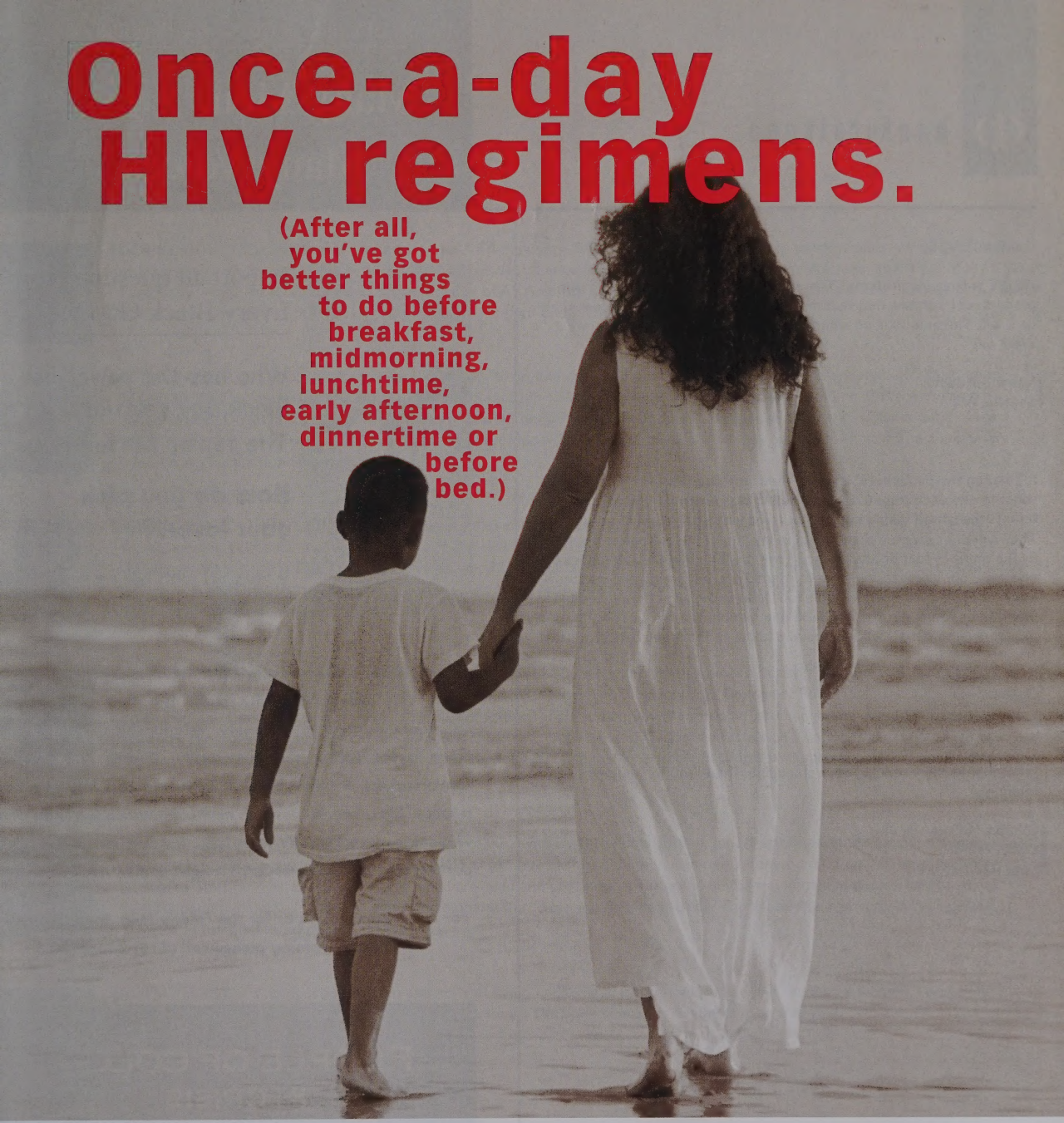

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Dearest ARISE:

ARISE is truly inspirational. The artistry is "HOT." "Diverse" in this product really shows that that the "first shall be last and the last shall be first!" The quality is so smooth. I hope ARISE has staying power. Work on!

Naasira Adeeba
Seattle, WA

In reading the publishers' letter in the December 2001 issue I was rejuvenated and encouraged. My gut feeling was affirmed that all gifts and talents that dwell inside me are not to be wasted, set aside or ignored. They were not given and engraved in my soul to be choked and buried by the spirit of fear or inadequacy. I realize the gifts and talents we are given are not necessarily given for ourselves, but are given to encourage and uplift others who are discouraged and may not really understand their value. We are to ARISE and be counted not as 10% but as a proud, diverse people of courage and color. In this I say ARISE!

Kimi Holt
Oakland, CA

I thoroughly enjoy reading your magazine. Thank you for keeping us reading.

Clinton "Cj" Lewis, Jr.
CEO/President
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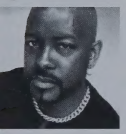
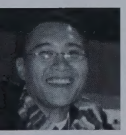
STEVEN G. FULLWOOD's work appears in a variety of on-line and print publications including *Africana.com*, *MOSAEC.com*, *STANDARDS: The International Journal of Multicultural Studies* and *Blacklight Online*. He writes a column at *Blackstripe.com* called "Naked Observations," and he's currently at work on his first book of humorous essays that revel in the minutia of black gay culture. "DL, body image and booty calls are great fodder for writing," he says, "nobody really knows how to act so there's lots of room for me to be creative and silly."

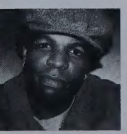


RALPH "CHAZ" CROWDER is a seasoned journalist and photographer and serves as the Entertainment Editor for ARISE. Having worked with such magazines as *Clique* and *Whazzup*, Chaz brings a wealth of experience with him. His work with organizations such as Out Poc Pac, Black Pride N.Y.C., and U-MEN Entertainment Network brings Chaz all over the U.S., so don't be surprised if he shows up in your town. Chaz produces New York City's only lesbian and gay radio show, *Out F.M.*, on WBAI (99.5 F.M.) every Sunday evening.

JUAN BATTLE, Ph.D. is currently an associate professor of Sociology and holds a joint position at both Hunter College and at the Graduate Center of the City University of New York. He received his B.S. from York College of Pennsylvania and his M.A. and Ph.D. from the University of Michigan. His fields of interest include sexuality, race, social problems, and quantitative research methods. His research and publications highlight the intersection of race, gender and class on a variety of social phenomena. He is actively involved in the Association of Black Sociologists and the American Sociological Association. He resides in Brooklyn with his partner Michael Bennett.



LOREN R. JAVIER works to expand the visibility of the diversity within the lesbian, gay, bisexual and transgender community as the Cultural Interest Media Manager for GLAAD, the Gay & Lesbian Alliance Against Defamation. Loren has been part of GLAAD's staff for over seven years, and has developed and presented a variety of media trainings and panels for and about LGBTQ people of color. In 1997, he was named one of the "Best and Brightest Under Thirty" by *The Advocate*, in recognition of his work in the LGBT and online communities.



TIM'M T. WEST is a poet, scholar, artist and activist living in Oakland, California. He has just finished a memoir, "Red Dirt Revival," that journeys his rites of passage into manhood. The book should be available later this year.

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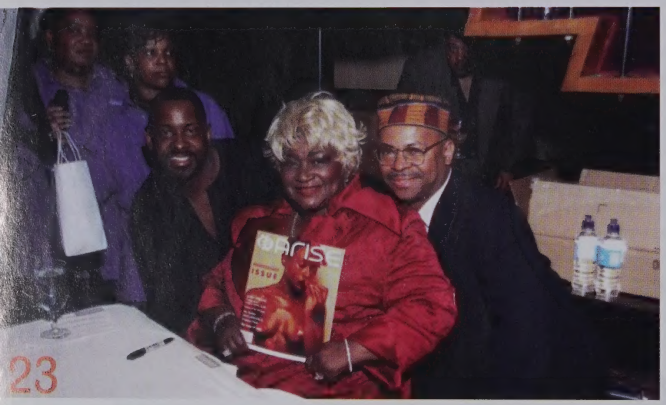

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photo by Tony Duran

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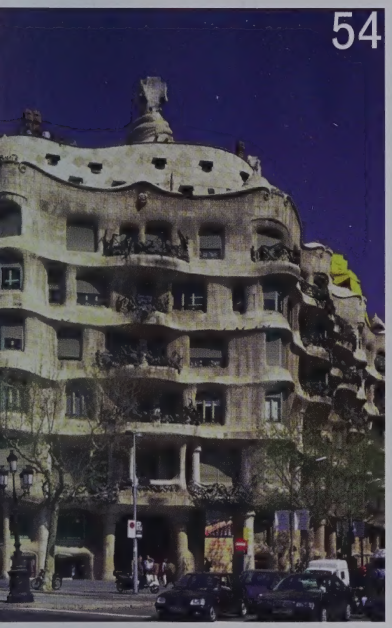

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COVER
photo by: Tony Duran

Next Generation Editor's Letter

Asked to consider a feature article describing a host of young black LGBT folk on the move, I was overwhelmed with the number of gifted and brilliant people all around me every day. I considered whether or not "young" would limit me to writing about those twenty-five and under. While I am under thirty, I am hardly considered a youth in the eyes of many. Nevertheless, my creative, intellectual and political work has, at its very core, a commitment to our next generation. I'm one of those youngish people who engage in performative displays of dis-identification with growing up. On occasion I take special effort to ensure that my belt is tightened just below the hip ... to stay hip. I believe that, whenever possible, it is important to engage younger brothas and sistas beyond the head nods that signify anything from "Hey" to "What are you doing later?" or "Who you looking at?"

If lucky, the recognition can incite anything from a poetic freestyle session to a conversation about place and race in society: racism, urban gentrification, the prison industrial complex, or homophobia in black communities.

The young people featured this month are profound members of our community. If not considered youth themselves, they are daily engaged in the work of ministering to young people through their creativity. Perhaps more importantly, these are artists, leaders and educators who have national or international recognition, often from mainstream press, and yet they have been virtually absent from the black LGBT press. All of the young people featured this month share the blessing of being multi-talented: web-designers who are visual artists, activists who are poets, or scholars who are musicians.

Black LGBT young people are all around you. Often, unmarked by the stereotypical "gay" markers, we mobilize in order to challenge our heterosexual peers and are recognized as leaders in the larger neo-soul renaissance currently occurring in the U.S. For this reason and others, ARISE takes special pride in introducing you (on page 13) to some very dynamic young people in our community.

Tim'm T. West
Next Generation Editor
Oakland, CA

Why Couldn't I Be?

by Tavares Robinson

Yes I do have HIV—but I didn't have a choice
back then
but I do now.

People treat me differently
but they have no clue
what I've been through.

I'm looking forward
to a brand new day,
but wondering if I will make it
through today.

I'm the same person
I was yesterday.
So would you please
not look at me
that way.

My childhood
was taken from me—
yet I stay.

I choose life
but death calls for me
and even though I have HIV
I shall remain!

I have a choice
I will not listen to any mean thing
you say. Your words, they hurt.
They hurt in ways you don't know.

Don't look at me differently
I'm no different than you. I am a survivor.
Look at what I've been through
used and hurt and damaged intimately.

You can't fix my problems
so please don't try.
Look into my eyes.
I've made it this far
thinking
about how
the world
has treated me.

I choose to live.

Live and enjoy my life
while I can
and put my trust
in Jesus' hands.

One of the greatest treasures of ARISE is our connection to young women and men nationwide that are challenging convention, advocating change on every front and asking the powerful and poignant question "What does it mean to be gay, lesbian, transgender, bisexual, SGL and black?"

Their responses can be found in every facet of life ranging from politics to fashion, not just here in the United States but also globally. Truth be told—young black LGBT have been shaping culture for centuries.

I have heard from numerous young people that when they have asked older LGBT family members for support, direction, comfort and guidance—no one listened. It seems that some of us have lost our cultural appreciation for what it means to become an elder and the critical value the elder plays as bearer of our culture and guardian of our community.

This issue of ARISE is dedicated to the young lesbian of African descent who stands up for what she believes in the midst of controversy and to the young gay man who knows in his heart whom he really loves, but dares not utter his "truth" to those closest to him for fear of violence, ridicule, ostracism and even death.

This issue is also dedicated to the maturing LGBT family member who has yet to discover his or her value in this global community or true purpose for being alive.

Yes, youth must be actively listened to, acknowledged, celebrated and affirmed. But it seems to me that this will only consistently occur when we as adults (chronologically, at least) come to terms with our own maturation. How is it that we have allowed values that are foreign to us, such as "Youth is the only thing that matters," to so impact our images of ourselves that many of us have come believe that to grow old is a fate worse than death—literally.

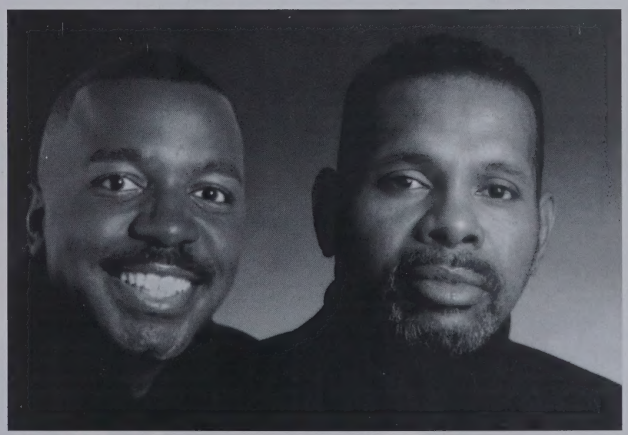
I believe it was one of those uneventful Friday evenings when I looked across the chaise lounge at Glenn, with remote control in hand and Häagen-Dazs at just the right temperature to submit to my eager spoon, kids finally off to bed, that the notion occurred to me—we are getting older, and better still, we are loving it!

As I see it, youth and maturity are merely flip sides of the same coin. Our world is being transformed by incredible young men and women who are willing to think critically and take action. Perhaps more so now than ever before, we need maturing LGBT folk, "ones who have walked this road before," to be present, offering unconditional love and acceptance.

Wisdom is very much the need of the hour. So yes, let us stop and take note of the vibrancy of the leadership that surrounds us in the form of young minds, bodies and spirits. Honor them. Acknowledge them. Call some young LGBT family member that you know and thank them for continuing the journey. And then, take a moment and appreciate yourself for being willing to take your rightful place.

MacArthur H. Flournoy & Glenn Alexander
Publishers

arise@arisemag.com



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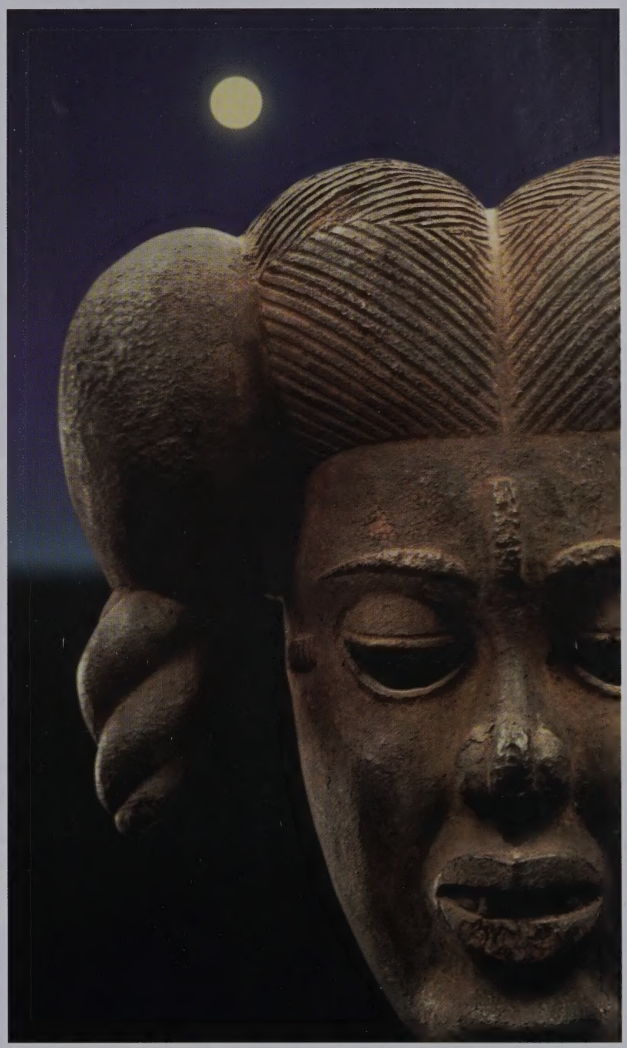


Jessie Redmon Fauset
(1888-1961)

"I can remember when I was a little, young girl, how my old mammy would sit out of doors in the evenings and look up at the stars and groan, and I would say, 'Mammy, what makes you groan so?' And she would say, 'I am groaning to think of my poor children; they do not know where I be and I don't know where they be. I look at the stars and they look up at the stars!'"—Sojourner Truth

I think I see her sitting bowed and black,
Stricken and seared with slavery's mortal scars,
Reft of her children, lonely, anguished, yet
Still looking at the stars.

Symbolic mother, we thy myriad sons,
Pounding our stubborn hearts on Freedom's bars,
Clutching our birthright, fight with faces set,
Still visioning the stars!

Triumph of the Human Spirit

A SPIRITUAL AND HISTORICAL ODYSSEY IN MUSIC, SONG, SPOKEN WORD AND PRAYER

Reviewed by MacArthur H. Flournoy

"There is something transcendent in us that can not be destroyed ... we call it the presence of God."
—Rev. Dr. Michael Beckwith

There are moments when the world tilts on its axis to reveal a truth that has the potential to transform one's life. So it is with **Triumph of the Human Spirit**, a CD compilation of lyric, melodic and oral performances with a companion journal dedicated to those whose lives were lost in the middle passage. The spirits of the lost still thrive in the voices of the women, men and children who contributed to this masterful tribute.

Perry Lang, executive producer as well as lyricist and narrator, is joined on this extraordinary effort by producer Liza J. Rankow to deliver songs by strong vocalists such as Michelle Jordan, BAOMI, Lawrence Beamen and Shateria Scroggins. Ancient wisdom is abundant in **Triumph**, with offerings by acclaimed clerics such as Brother Ishmael Tetteh, of Ghana, West Africa; Rev. Dr. Michael Beckwith; and Rev. Dr. Elouise Oliver—each bringing forward a unique interpretation of struggle and transcendence through creative expression. While **Triumph** celebrates the journey, the greatest tribute is to having ultimately persevered, having "come through."

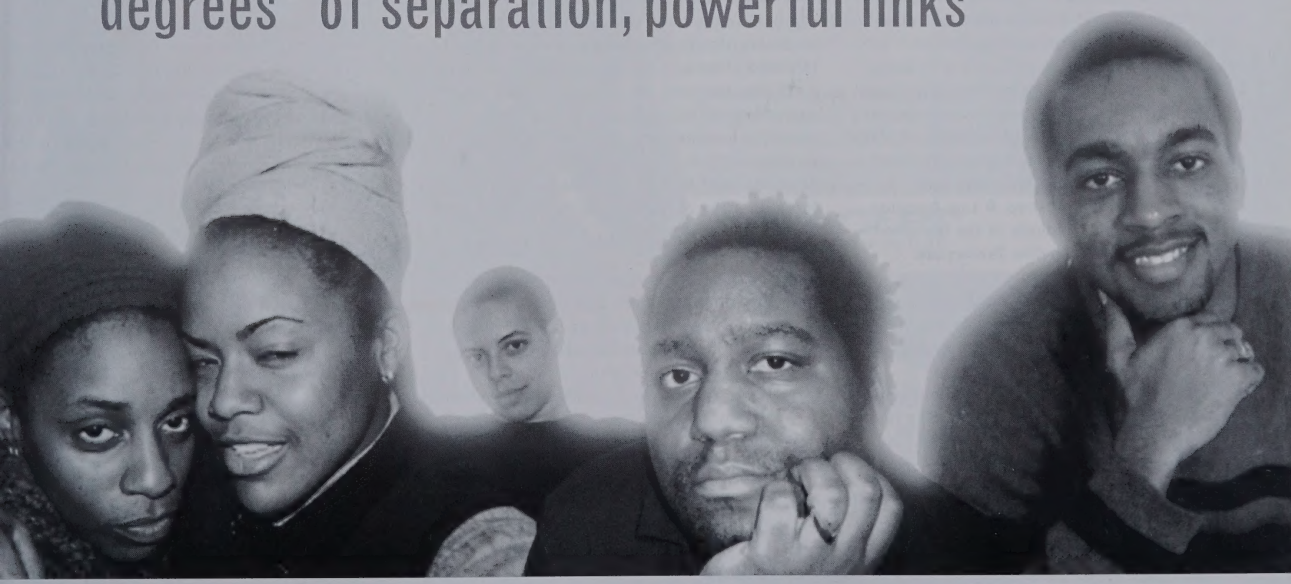
While the spoken words themselves will prompt listeners to consider their own personal journeys of triumph, it is the summons of pulsating drums, ancient songs and voices as familiar as the ocean, that will surely cause listeners to be silent and take note of the roaring ocean calling from within.

While **Triumph** clearly has a universal mission, those who will be most stirred by this timeless declaration will be the individuals who are willing to be reminded of what our minds, bodies and souls have always known: we are a people called to **Triumph**. And so it is.

For more information, including information on live performances, please write: Triumph of the Human Spirit, P.O. Box 24281, San Francisco, CA 94124; call: DeVorss & Company at 1.800.843.5743; or visit *www.triumphofthehumanspirit.com*.

Young People On The Move

degrees° of separation, powerful links



Each week I make a point to attend DJ SoMuchSoul's "WildSeed" party in San Francisco's Mission District. It's one of those refreshing places to rejuvenate from midweek exhaustion with other young black folk in school, working three jobs, consulting, politicking, and remembering to breathe. It made sense to start this article with WildSeed not only because it's a repository for what is fresh and exciting about the mixing of music and politics, but also because it's one of those places where you're destined to meet the friend of the friend who you attended a leadership conference with or whose new CD you're raving about because the mainstream missed it. We have in common a level of familiarity with each other before we even meet. It's the six degrees rule. Only, among progressive black LGBT young folk, it's fewer than six degrees.

Lynnee Bonner and Vanessa Agard-Jones
I met Lynnee Bonner, also known as DJ SoMuchSoul, back in 1999 when I was curating a spoken word hip-hop show (Cypher) at Stanford University's "Making the Spirit of the Twentieth and Twenty-first Centuries" conference. I wanted a DJ with a consciousness who shared my interests in black artistic production and social change. Her creation of WildSeed is a space consistent with a weekly radio program she founded in the late nineties called *Civilized Soul*. The purpose of projects like *Civilized Soul* and WildSeed are to bring awareness to recurring protest themes in music, misogyny in lyrics, black music's commercialization, and music industry exploitation of black artists. SoMuchSoul creates magic by blending acid jazz, funk, soul, black rock, and early and conscious hip-hop. A Los Angeles native, Lynnee is a graduate of the historic Fisk University in Nashville, Tennessee.

Lynnee's partner, Vanessa Agard-Jones is a twenty-two-year old black woman-loving-woman from Brooklyn and the former Coordinator of the Prison Activist Resource Center (*www.prisonactivist.org*), a prison abolitionist organization in Oakland, California. She is currently a design team member for the School of Social Justice and Community Development, which will open in East Oakland in September 2002. Vanessa is also an organizer with Critical Resistance (*www.criticalresistance.org*). A 2000 graduate from Yale College, Vanessa wrote her thesis on black women's experiences of state violence in the U.S. and South Africa. I am especially moved by Vanessa and Lynnee's accounts of visiting Africa together as delegates to the United Nation's World Conference Against Racism. In addition to their love for soulful music, they share a vivid sensibility for not just the struggles of African peoples worldwide, but the ways in which their experiences there as a same-gender-loving couple has informed their work and commitments here in the U.S.

Mendi and Keith Obadike
http://obadike.tripod.com
While at Fisk in Nashville, Tennessee, Lynnee Bonner met Keith Obadike. They were both active members of a talented underground that generated Me Phi Me and Keith's Modern Hip Hop Quartet. A few years later, Keith followed his partner Mendi, a Spelman graduate bound for Duke to pursue graduate studies in literature. That's where I met the queer-identified couple who beautifully challenged many of my notions about sexuality and the diversity of our community. The name Obadike represents the bond they share, as well as a musical collaboration between Keith, a multi-talented artist and music engineer, and Mendi, a scholar and poet whose words trace her movement in the world as a young black woman constantly engaging her relationship to others in the African Diaspora. Their site (also found at *http://blacknetart.com/*) features an array of commentaries on blackness, gender and sexuality.

Mendi is now teaching at Yale, while Keith, a 2001 graduate of North Carolina Central University, attends a Yale graduate art program. In Mendi's, "keeping up appearances" (a hypertextimonial), the reader's movement of the mouse transforms a simple apolitical story line into a bold statement about race, gender and sexual politics. Reading between the lines, the reader experiences a visual exercise challenging the lines between the said and unsaid, history and herstory. The piece brilliantly underscores the manipulation of silence in relationships between blacks and whites, women and men. Keith's popular and controversial online auction, "Blackness for Sale," is not only a powerful statement about the commodification of blackness but also a statement about how blackness is managed by both blacks and by whites in a racist society. Among the more memorable claims of Keith's auction is: "The Seller does not recommend that this blackness be used while demanding fairness." The Obadike site, beyond holding various visual and intellectual works, also features audio from the net opera *The Sour Thunder*.

Marcus Harvey
I met Marcus Harvey at a reading I had organized at Durham, North Carolina's, Hayti Heritage Center while I was there to speak at a Duke LGBT graduation ceremony. Encouraged by his identification with my words and story, he was inspired to share with me his own. I had already been hearing about some young black gay North Carolinian shaking up crowds with a theatrical testimonial about the hypocrisy of homophobia in black communities and young black gay men's struggle for self-love. Realizing that Marcus was the talent I'd been hearing about, we kept in touch and I invited him to open for D/DC (Deep Dickollective) during a college tour swing of Raleigh/Durham. In his critically acclaimed one-man show, *Are We Not Men,* in which Marcus "outed" himself center-stage, he says:

"I am twenty-one years old and working toward a bachelor's degree in communications studies and dramatic art. It pains me to realize that I may not be allowed to serve my community with my education. I have already been tagged an outcast because I am gay. I've been told that my abilities and skills aren't needed because I have chosen an "alternative lifestyle." In order to serve my community, I must give up all pride in myself and my way of living and

(continues on page 61)

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Tablets and Oral Powder

Information for Patients

about VIRACEPT® (VI-ra-cept)

Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

Alert: Find out about medicines that should NOT be taken with VIRACEPT. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH VIRACEPT".

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in combination with other antiretroviral drugs in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. Although VIRACEPT is not a cure for HIV or AIDS, VIRACEPT can help reduce your risk for death and illness associated with HIV. Patients who took VIRACEPT also had significant increases in the number of CD4 cell count.

VIRACEPT should be taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

Changes in body fat have been seen in some patients taking protease inhibitors. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the face, legs and arms may also happen. The cause and long-term health effects of these conditions are not known at this time.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Medicines you should not take with VIRACEPT:

Propulsid® (cisapride, for heartburn)

Cordarone® (amiodarone, for irregular heartbeat)

Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others

Ergot derivatives (Cafergot® and others, for migraine headache)

Halcion® (triazolam)

Versed® (midazolam)

Mevacor® (lovastatin, for cholesterol lowering)

Zocor® (simvastatin, for cholesterol lowering)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.

Rifampin® (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®
This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with: Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

Special considerations

Before you take Viagra® (sildenafil) with VIRACEPT, talk to your doctor about possible drug interactions and side effects. If you take Viagra and VIRACEPT together, you may be at increased risk of side effects of Viagra such as low blood pressure, visual changes, and penile erection lasting more than 4 hours. If an erection lasts longer than 4 hours, you should seek immediate medical assistance to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

It is not recommended to take VIRACEPT with the cholesterol-lowering drugs Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible drug interactions. There is also an increased risk of drug interactions between VIRACEPT and Lipitor® (atorvastatin) and Baycol® (cerivastatin); talk to your doctor before you take either of these cholesterol reducing drugs with VIRACEPT.

Taking St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort with VIRACEPT is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease VIRACEPT levels and lead to increased viral load and possible resistance to VIRACEPT or cross resistance to other antiretroviral drugs.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

Retrovir (zidovudine, AZT)

Epivir (lamivudine, 3TC)

Zerit (stavudine, d4T)

Videx® (didanosine, ddI)

If you are taking both Videx (ddI) and VIRACEPT:
Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

Viramune® (nevirapine)

The amount of VIRACEPT in your blood is unchanged. A dose adjustment is not needed when VIRACEPT is used with Viramune.

Sustiva™ (efavirenz)

The amount of VIRACEPT in your blood may be increased. A dose adjustment is not needed when VIRACEPT is used with Sustiva.

Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

Crixivan® (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Norvir™ (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Invirase® (saquinavir)

The amount of saquinavir in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 15-20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily or 1250 mg (five tablets) two times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include nausea, gas and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. Your doctor may prescribe the light blue VIRACEPT Tablets either as 1250 mg (five tablets) taken two times a day or as 750 mg (three tablets) taken three times a day. VIRACEPT should always be taken with a meal or a light snack. VIRACEPT tablets are film-coated to help make the tablets easier to swallow.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 1250 mg (five tablets) taken two times a day or 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 to 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight		Number of	Number of	Number of
Kg	Lb	Level Scoops*	Level Teaspoons†	Tablets
7 to <8.5	15.5 to <18.5	4	1	—
8.5 to <10.5	18.5 to <23	5	1 1/4	—
10.5 to <12	23 to <26.5	6	1 1/2	—
12 to <14	26.5 to <31	7	1 3/4	—
14 to <16	31 to <35	8	2	—
16 to <18	35 to <39.5	9	2 1/4	—
18 to <23	39.5 to <50.5	10	2 1/2	2
≥23	≥50.5	15	3 3/4	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59ºF and 86ºF) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

Call 1.888.VIRACEPT

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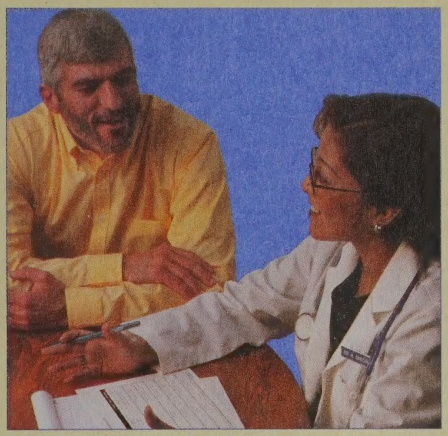
L203-0001 PPI

1-V01171-BG

Rev. 01/25/01

If you're HIV positive and considering starting or switching drug therapy–

Ask yourself these questions...



Then, share your answers with your healthcare provider. Together, you can come up with an HIV treatment plan that really works for you.

Options are currently available that make today's HIV regimens easier to take.

It's important to have a treatment plan that works for you because:

- Skipping even a few doses of HIV meds can make HIV in your body "resistant" to the medications. That means your meds may not work as well.
- Skipping doses of HIV meds puts you at risk for getting sick.

YOUR DAY

Your answers to the questions below will help your healthcare team know what a typical day — and night — are like for you. The team can then suggest HIV meds that are right for you and will fit into your schedule as best as possible.

My day-to-day schedule is:

- ☐ The same every day
- ☐ Different on weekends
- ☐ Different on the days I go to work or school
- ☐ Never the same

Check off the meals you usually eat and write in the approximate time you eat.

- ☐ Breakfast time: _____ o'clock in the morning
- ☐ Lunch time: _____ o'clock in the afternoon
- ☐ Dinner time: _____ o'clock in the evening
- ☐ I eat my meals at all different times from one day to the next.

If necessary, I am willing to take HIV meds:

- ☐ Once a day
- ☐ 2 times a day
- ☐ 3 to 4 times a day
- ☐ More than 4 times a day

If necessary, I am willing to take:

- ☐ Only 1 pill at a time
- ☐ 2 to 3 pills at a time
- ☐ 4 to 5 pills at a time
- ☐ More than 5 pills at a time

The best times for me to take medications are: (Check all the times that would be best.)

- ☐ When I first wake up
- ☐ When I eat breakfast
- ☐ When I eat lunch
- ☐ When I get home from work or school
- ☐ When I eat dinner
- ☐ Right before I go to sleep

Write any other times that are best for taking meds:

_____

Some HIV meds need to be taken on an "empty stomach." That means you take the med 1 hour before or 2 hours after you eat. Do you think such a med would be...? (check one)

- ☐ Easy to remember to take
- ☐ Hard to remember to take at the right time

more on back ▸

YOU AND HIV MEDICATIONS

Some people have concerns about taking HIV meds. Check the concerns you have below. You can talk with your healthcare team about your concerns before starting treatment.

- ☐ I am afraid I'll forget to take my pills at the right time.
- ☐ I think it would be hard for me to remember to take my meds with food if required.
- ☐ I don't like to take a lot of pills.
- ☐ It's hard for me to swallow pills.
- ☐ I'm afraid if people see me taking a lot of pills they will know I have HIV.
- ☐ I am worried that my HIV pills may cause problems with other things I am taking.
- ☐ I am afraid the HIV meds won't work for me.
- ☐ I am afraid the pills will make me feel sick.
- ☐ If I forget to take some of my pills, I'm worried the meds will stop working.

Write any other concerns here:

_____

_____

_____

_____

_____

Write down how your healthcare team could help you take your HIV meds the right way, every day:

_____

_____

_____

_____

_____

HIV MEDICATIONS AND SIDE EFFECTS

HIV meds may cause side effects. Below is a list of common side effects of HIV meds. Think of how you might feel if you got any of these. When possible, your healthcare team can try to choose HIV meds that may be easier for you to get used to.

I'd like to talk about the following side effects and how to deal with any I might get:

- ☐ Rash
- ☐ Diarrhea
- ☐ Loss of appetite
- ☐ Fatigue or feeling tired
- ☐ Headache
- ☐ Stomachache
- ☐ Having my hands or feet feel like they're asleep, tingling, or with prickly pain
- ☐ Feeling like I have to throw up
- ☐ Throwing up
- ☐ Nightmares

Also, if you are on a current HIV regimen that...

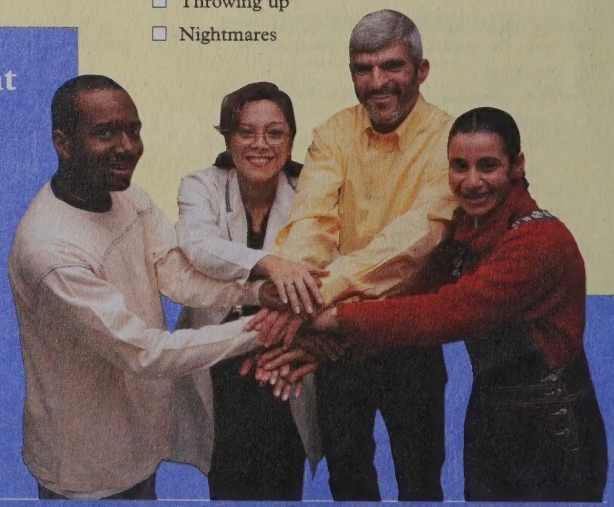
Has too many pills,

Is taken more than twice a day,

Has to be scheduled around meals,

Is causing you problems,

Then ask your healthcare provider about available HIV therapies that may be able to simplify your life.



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steps toward inclusion

Media Representations and LGBT/SGL People of Color

BY LOREN R. JAVIER

This is the first of a monthly column by GLAAD that will appear in ARISE. —Ed.

Ethnic and minority-owned media—which continue to grow in sophistication—have caught the eye of the big media conglomerates. *Essence* now has a content partnership with AOL Time Warner, and Black Entertainment Television (BET) was purchased in early 2001 by Viacom, parent company of Paramount, CBS and MTV. At BET, programming has grown from primarily music videos and syndicated comedies to original entertainment and news programming. *Oh Drama!*, BET's answer to ABC's *The View*, has discussed sexual orientation on several of its shows, and there have been a variety of specials on HIV/AIDS that have featured openly gay black AIDS educators.

However, there remains a common misconception that ethnic media outlets are more homophobic than their more mainstream counterparts. GLAAD's (Gay & Lesbian Alliance Against Defamation) research shows that some of these media outlets have a good (and improving) track record in terms of fair, accurate and inclusive representations of gay, lesbian, bisexual, transgender or same-gender loving (SGL) people.

For example, *Ebony* magazine ran a cover item story entitled "Why I Am A Lesbian," by Ingrid Rivera-Dessuit, in its March 2001 issue. In December 1999, *Essence* included a lesbian family in an article entitled "Kindred: A Portrait of Our Families Today." And in July 2001, *Vibe* published "A Question of Identity," by Malcolm Venable, an article exploring the world of "homo thugs"—men who are part of hip-hop culture and who are attracted to other men.

GLAAD has taken an active role in working to improve the diversity of our community's representations in the media. When GLAAD was first formed, we fought hard to get *any* image of lesbians and gay men onto the television screen, onto film or into the newspaper. And at the time, the media almost exclusively chose white LGBT images.

But as GLAAD has grown in its influence within the media, the media have grown in their understanding of the LGBT community. This has enabled us to educate an increasingly broad audience of media professionals about the importance of representing the diversity of our community.

"We now have several LGBT African-American characters on various television programs—Judge Attallah Sims (LaTanya Richardson) on *100 Centre St.*, Keith (Mathew St. Patrick) on *Six Feet Under*, Original Cindy (Valarie Rae Miller) on *Dark Angel*, Carter Heywood (Michael Boatman) on *Spin City*."

More inclusive images of LGBT people on television and film are the top priority for Scott Seomin, GLAAD's entertainment media director, who continuously educates producers, directors and writers in Hollywood about the diversity of our community. As a result of his work, we are seeing a greater diversity of LGBT television characters. We now have several LGBT African-American characters on various television programs—Judge Attallah Sims (LaTanya Richardson) on *100 Centre St.*, Keith (Mathew St. Patrick) on *Six Feet Under*, Original Cindy (Valarie Rae Miller) on *Dark Angel*, Carter Heywood (Michael Boatman) on *Spin City*. Not a high percentage, but a far cry from the days of all-white images.

GLAAD's news media director, Cathy Renna, meets with journalists, editors and producers of all the major national newspapers, magazines and news programs. She looks for every possibility to pitch stories of diversity and offers a variety of resources to help achieve that goal.

My role as cultural interest media manager involves integrating and diversifying GLAAD's work and acting as a resource both to our staff and to media outlets. I act as an information clearinghouse to keep GLAAD informed about issues affecting communities of color, the bisexual community, and the transgender and intersex communities. For example, in our most recent media reference guide (a resource to assist journalists with terminology, style and LGBT coverage issues), we have included a new section on covering MSM (men who have sex with men, but who don't identify as gay) and the "down low" (DL). Since MSM and DL issues have gained prominence in the media, the guide is GLAAD's way of providing journalists with key background information, as well as a list of spokespeople and resources in the MSM/DL community who can speak on the issues.

As supplements to our media reference guide, GLAAD publishes in-depth media resource kits to encourage journalists to be more inclusive of LGBT communities of color. In January, we worked with the National Black Lesbian and Gay Leadership Forum, the African American AIDS Prevention and Training Institute, Gay Men of African Descent, and Southerners on New Ground (SONG) to develop and release GLAAD's first ever *Black History Month Media Resource Kit*. The online resource includes background on LGBT inclusion in Black History Month, profiles of LGBT/SGL historical figures, a glossary of terms, and a resource list for reporters seeking additional information.

Cultural interest media resources also support our grassroots regional work. Glennda Testone, our regional media director, works with GLAAD's regional media managers to educate journalists at the local level. GLAAD has worked extensively with local organizations and media to raise the profile of hate crimes against LGBT people of color, from J.R. Warren in West Virginia, to Fred Martinez, Jr. in Colorado, to Juana Vega in Wisconsin.

I am thrilled that GLAAD has been asked to contribute a monthly column to ARISE magazine. Such a partnership is apropos given the nature of ARISE, which also works to elevate positive images and inclusive stories of the black LGBT/SGL community. We will be able to give ARISE readers insights into media advocacy work and the importance of promoting greater diversity and cultural sensitivity in media representations.

In the coming months, we'll take a closer look at a number of issues, including GLAAD's Thirteenth Annual Media Awards and the increasing media diversity reflected in this year's nominees; the recent "Twenty Years of AIDS" coverage and its impact on media awareness of MSM and the DL; and the impact of MSM/DL visibility on broader discussions of sexual orientation and identity.

GLAAD will continue to look at issues affecting the entire LGBT community and work with the media to ensure they have the best resources possible to cover stories about our community in the fairest, most accurate and inclusive way. And as with all strong relationships, I hope that good communication will go both ways. If you see stories that either bother you or are particularly well done, I'd love to hear from you. Email me at *javier@glaad.org*. My door is always open.

MEDIA RESOURCES

GLAAD's Black History Month Media Resource Kit
http://www.glaad.org/org/projects/cultural/c_of_color/blackhistory/index.html

GLAADAlert: The *Essence* of Family
http://www.glaad.org/org/publications/alerts/index.html?record=215

GLAADAlert: A Lesbian Voice in *Ebony*
http://www.glaad.org/org/publications/alerts/index.html?record=2716

National Association of Black Journalists
http://www.nabj.org

BlackPressUSA.com
http://www.blackpressusa.com/

A SHORT TIMELINE OF BLACK LGBT CHARACTERS ON T.V.

1990
In Living Color, a sketch comedy show on FOX, begins to run "Men on Film," a sketch featuring stereotypically homophobic images of Blaine Edwards (Damon Wayans) and Antoine Merriwether (David Alan Grier).

1994
Sean Sasser, while not a member of the regular cast, becomes the first black gay person to be seen on MTV's popular docudrama series *The Real World*. Sasser was the partner of the late AIDS activist Pedro Zamora.

1995
Courthouse, a drama on CBS, becomes the first television show to feature black lesbians as part of their regular cast. The show featured Judge Rosetta Reide (Jenifer Lewis) and her partner Danny Gates (Cree Summer).

1996
Spin City, an ABC sitcom, becomes the first television show to feature a black gay man as part of its regular cast. Carter Heywood (Michael Boatman) is a gay activist who becomes part of the mayor's staff.

1997
Doctor Dennis Hancock (Vondie Curtis-Hall), a regular character on CBS's medical drama *Chicago Hope*, comes out of the closet.

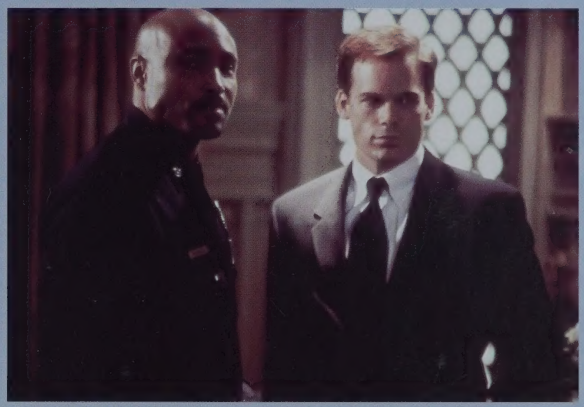
1997
Damon Wayans manages to redeem himself by featuring a well developed HIV-positive black gay youth named Melvin (Karim Prince) on his short-lived FOX drama *413 Hope St.*

1998
Showtime's dramatic comedy *Linc's* features Rosalee Lincoln (Tisha Campbell), an openly lesbian army lieutenant.

2000
FOX's futuristic science fiction drama *Dark Angel* features the openly lesbian Original Cindy (Valarie Rae Miller) as one of Max's (Jessica Alba) best friends.

2001
Popular HBO drama *Six Feet Under* features Keith Charles (Mathew St. Patrick), a gay policeman, amongst its regular cast.

2001
A&E's drama series *100 Centre St.* features the tough, openly lesbian Judge Attallah Sims (LaTanya Richardson).



Sheryl Lee Ralph

BACK TO BROADWAY

by Steven G. Fullwood

Who doesn't love Sheryl Lee Ralph? When I went to interview the Tony-nominated actress at the rehearsal space for her new Broadway show, *Thoroughly Modern Millie*, Ms. Ralph was stopped by a few co-workers; one of them was particularly excited. Sincere as a heart attack, he reached out to her and said, "You are so wonderful. Oh, God, you are absolutely great." That's show business for you; everybody's wonderful, everybody's great, everybody's fabulous! Yeah, right.

While the gush-fest was on, Ms. Ralph engaged him with graciousness, which gave me pause to consider my own love for this woman. First, of course, there's the face; her soft, chocolate features radiate youthfulness and deftly obscure her age. Then there's the smile, the one that makes you think that she only has eyes for you. Sheryl Lee's infectious smile has been featured in countless films (*To Sleep with Anger*, *Mistress*), on television (*Moesha*), on stage (*Dreamgirls*), not to mention on countless magazine covers and in advertisements for well over two decades. As a celebrity—or diva, if you will—she gives the impression of warmth, care and sparkling intelligence. Her tireless work in raising funds for HIV/AIDS research (the benefit "Divas Simply Singing," which she founded) and her establishment of the thriving Jamerican Film and Music Festival, demonstrate her commitment to people and to her craft. And when 1992 rolled around, this well-seasoned performer took on a new role: motherhood.

So you see, there is a lot to love about this woman.

In my scant years as a journalist, I have met more than a few artists who blow sweet kisses and give endless hugs in a half-hearted attempt to come off as warm, giving, or genuine, when in fact they are only interested in the bottom line—the press. Here's the thing with Sheryl Lee Ralph: it's no act. From our brief chats on the phone, to the laid back interview I conducted with her in a cozy little restaurant just off 42nd Street, she is exactly who she seems: warm, giving and the real deal.

The first time I saw Ms. Ralph in person was at an album release party for the tremendously talented singer/songwriter/musician Oleta Adams at B. B. King's place in New York City in February. Everybody wanted a picture with Sheryl Lee, and she gladly entertained each person with an effortless smile. I overheard her speaking Japanese to a group of record executives who, like me, were surprised at her proficiency in the language. Less than a week later, I found out that she was in New York rehearsing for a new Broadway show and there was an opportunity to interview her. Of course, I jumped at the chance.

My first contact with the actress/activist/mother (more later on the "hats" this woman wears) was by phone. I called and left a message, and about ten minutes later, Ms. Ralph's voice came ringing through the phone. I introduced myself, the publication I work for, and set up the interview. "Baby, I've been in New York for fifteen days and already I am a brand new person!" she exclaimed. We bandied about places to meet in Times Square, but tabled the topic until the next day.

When we spoke again, we chatted like old friends. "Oh, Lord, Steven, they are working me like a slave," she laughed, when I asked her how her day was going. "It's like having a baby! You forget about the pain until you do it again!" Though it's been years—actually over a decade—since Ms. Ralph has been on Broadway where she burned up the stage as Deena in the smash *Dreamgirls*, she seems more than ready to dazzle us again.

When we finally met in person, much of our conversation centered on what concerns this entertainer/activist the most—her children, her peers and her love of the business. First I'll tell you about her new Broadway musical, *Thoroughly Modern Millie*—or better yet, Ms. Ralph will.

"My character, Muzzy Van Hossmere, was described to me as a 'diva with a heart of gold.' Think Josephine Baker mixed up with a dash Pearl Bailey," she told me while she munched on a piece of bread at lunch. "It's a great role for me. She also has more money than anyone else in the show, which is a quite a wonderful turn."

Thoroughly Modern Millie is set in Manhattan in 1922, and follows the exploits of twenty-one-year-old Millie Dillmount, a young white woman who has just arrived in the Big Apple to discover herself. Ms. Ralph said that she had first encountered the musical, based on the 1967 film of the same name, some four years ago.

"When I first came to [*Millie*], it was a workshop. Whoopi Goldberg was set to do the role. I couldn't do it on stage because I was doing *Moesha* at the time, so the workshop was a good deal because I had six months off. However, things didn't work out. I went back to *Moesha* and then as fate would have it they did it in San Diego, and it was well done. Another year passed, actually several, and I got a phone call asking me whether I was still interested in the show, and I said yes. Whoopi is still in-

"From our brief chats on the phone, to the laid back interview I conducted with her in a cozy little restaurant just off 42nd Street, she is exactly who she seems: warm, giving and the real deal."

volved as one of the producers of the show."

Thoroughly Modern Millie was set to open late last year, but yet another twist of fate delayed it a few more months. "We were supposed to open in September, but the theater was already occupied with another popular show (*Annie Get Your Gun* with Reba McEntire) [that] showed no signs of vacating anytime soon. That show actually left the theater in November,... It was divine intervention. So here I am."

I asked what fans can expect from Sheryl Lee Ralph in this role.

"Oh, a great wardrobe for sure," she said smiling. "My choreography is sharp and cute, and my songs are pretty doggone good. They'll like it." She plans to decorate her dressing room wall with pictures of black entertainers from the 1920s, such as Josephine Baker, Duke Ellington and Florence Mills, for ambience as well as to pay homage.

"I want to have them in my space when I am performing," she said of her hopes to "invoke" their spirits. Ms. Ralph also recently acquired a book of photographs by the famed photographer James VanDerZee who was noted, among other things, for his photographs of figures from the 1920s. History means a lot to Sheryl Lee.

"People slept on folks like Pearl Bailey and Sarah Vaughan, two great talents," she said. When I related my love of black history, we dove into a discussion about the importance of knowing your history and who you are. She was especially passionate about knowing who you are. "That's the way it is with me and [my] West Indian background," said the woman whose mother is Jamaican (her father is American.) "When I came to the United States, and it was time to celebrate World Day, I had my song, costume, everything. I knew who I was, which to me made a big difference."

I told her that when you are connected to your past, to your ancestors, you know why you are here. When you are disconnected you don't know your beauty.

"You don't know who you are," she declared.

Sheryl Lee's observations about beauty among black people are particularly insightful. "When I hear some black folks complain about Alek Wek and say that she's not beautiful, I say that's in your head," she said, deftly making the connection between knowing about one's history and how it often affects one's self-esteem. I agreed. Sudanese-born model Alek Wek is beautiful, but not if you privilege European features over African features.

"You can't translate her beauty because there ain't nothing out there that looks like her [in the fashion industry]," said Ms. Ralph. "Grace Jones and Alek are both exotic. Iman is beautiful. Beverly Johnson is classically American. Quincy Jones's daughter Jolie has a look that is very popular right now. Alicia Keyes has it—and she's one heavy woman. She ain't going nowhere but up. Watch, she's going to win every Grammy."

Talking about often praising others is Sheryl Lee Ralph's way. We would often we would start out talking about her accomplishments, but she would inevitably end up lauding someone else's gifts and achievements. For example, when we left the rehearsal studio earlier, we talked about Oleta Adams's concert. She absolutely adores the songstress.

"Wasn't she amazing? Oh, I love her," she said touching her chest. "She made me cry that night." Ms. Ralph also intimated that whenever she calls Adams to perform at Divas Simply Singing, Adams always shows and does a bang-up job.

A staged evening of song, style and sophistication, Divas Simply Singing features the crème de la crème of female entertainers in film, stage, recording and television. Past "divas" have included Adams, Roberta Flack, Jennifer Holiday, actress Victoria Rowell, among others, and of course, Sheryl Lee. Every year proceeds go to Project Angel Food and The Safe Place for Pediatric AIDS. This year's event will take place either in October or late November.

As we walked to the restaurant, she asked me if I had seen the film *Monster's Ball*, starring Halle Berry and Billy Bob Thornton. I had not, and she shot me a sideways glance and said, "If you haven't seen that movie, you are missing out on one incredible performance by Halle," she said. "The producer is Lee Daniels, who is a black man." I didn't know that. "*Nobody* knows that. Why didn't we know that?" She stopped and glared at me. "He's a great guy, great story. We should know that."

Speaking of things that people may not know, Ms. Ralph is not only an actress but also a director. In 1998, she wrote and directed her first short, called "Secrets," which stars Alfre Woodard, Robin Givens, LaTonya Richardson and, of course, Sheryl Lee. More recently, she directed an episode of the popular sit-com *The Parkers*.

"When I did The Parkers episode, they said, 'You sure don't look like a director,' and I [asked] what a director is supposed to look like."

"It cracks people up when they see me walk on the set," she said. "When I did *The Parkers* episode, they said, 'You sure don't *look* like a director,' and I [asked] what a director is supposed to look like," she said and cocked her head. "Now mind you, I had on black cashmere fishnets and high heels. People were hoping I'd come to work EVERY DAY like that," she laughed. "I guess most directors don't come to work like that, but that episode was funny."

Ms. Ralph is particularly proud of her directorial debut film. "'Secrets' was one of those things that I did because I thought it should be done. I had no idea that it would turn out the way it did, that people would love it so much. I had no idea. The film is only twelve minutes long, and it had such a great cast. I will be doing other projects, that's for sure." When I tell her that I want to know more about her budding directing career, she said, "So do I! I just got my Directors Guild of America card in the mail. [My] upcoming projects include 'Red Rum and Coke,' a script I wrote with Ralph Farquhar. We did a reading of that in Jamaica during the Jamerican Film Festival with Roger Moore. It was great to hear people's responses, that they liked it. It was great. So Roger asked me, 'Are you going to do this movie, seriously?' So I said, 'I wish you were going to do this movie, seriously.'"

Oh, right. There's the Jamerican Film Festival that Ms. Ralph miraculously found time to create. To hear her tell it, it was as if she fluttered her elegant, ringed fingers and poof, there it was.

"Well, the idea came to me on the set of *Moesha*. One day we were hanging around on a break and watching how people spent their time and I said I am going to create a film festival. So I did. Put in a few phone calls, and that was it."

The Jamerican Film and Music Festival is a forum that allows new filmmakers and musicians to showcase their works as well as honors artists who give use of their celebrity for the benefit of others. This five-day festival attracts a diverse international crowd of participants and offers the opportunity to discover the jewel of the Caribbean—the incomparable Jamaica. Guests at the festival can expect to rub shoulders with a hot list of producers, distributors, stars, directors, upstarts and wheeler-dealers on some of the world's finest beaches. The red rum and Coke flows freely while the pulsating beat of reggae rhythms engages your body and soul. Past celebrities have included Harry Belafonte, Robert Townsend and Chris Tucker.

"It was great last year because I put together a big reggae concert and it ended up being an hour special on E! Television." This year the festival will take place November 20 to 24, 2002. See *jamericanfilmfest.com* for more details.

Dazzled by her array of successes, I asked her whether she had ever failed at anything. She looked me in the eye, unflinching.

"My marriage."

"That wasn't a failure," I said.

"Why do you say that?"

"You know, you go through these things, some things aren't meant to last. You had a good time," I said, thinking that I may have spoken too soon. "Did you have a good time?"

"I have two beautiful children. When I think of my children, they are everything. When you think about it that way, it was for my children. They are the best."

When she and her son Etienne graced the cover of *Essence* in the early 1990s, Ms. Ralph struck a protective pose, one that connoted love and devotion, care and respect. She mentions her children, Etienne, ten, and Ivy-Victoria, seven, several times throughout the interview with a smile in her eyes.

"Etienne has such great heart, and my daughter, Ivy-Victoria, is my twin," she said. "Sometimes when I get frustrated with her, they are the things that frustrate me about me. While Etienne can talk and talk, Ivy-Victoria says what she has to say and that's it."

What struck me the most about her love for her children as expressed in an interview with Byron Allen about seven years ago. Ms. Ralph told Byron what she would like to pass on to her children:

"I would tell them that life is short. Do the things that you love without causing harm to yourself or pain to other people. But to live a really good life, a decent life and remember that it's not all about you."

Words to live by. Words *she* lives by.

ABSOLUT PRESENTS:

WINTER EXPLOSION 2002

Snow Days

BY CHAZ CROWDER

Winter Explosion 2002, "One Love, Together in Spirit," sponsored by Absolut Vodka, with ARISE Magazine as a media sponsor was, to put it in the vernacular of our youngish brothas and sistas, "off the meter." With the leadership of Don eL Johnson and eight other organizers, this year's Winter Explosion Ski Trip hosted more than seven hundred participants repre-senting twenty-one states.

From arrival to departure, festive and intriguing activities tantalized guests, and eyes, glances and sly smiles flowed freely. A Friday night highlight was the Jammy-Jam Pajama Party featuring D.J. Cameron and D.J. Unknown, both from N.Y.C.

Saturday morning was all about getting to the slopes. Shopping (our truest sport), aerobicizing with instructors Roslyn and Savoy, and horseback riding filled the balance of the day. By Saturday evening, socializing was at an all-time high. One attendee, peering out over the crowd of guests, was overheard to say, "Man, I've never seen anything so beautiful in my life." Author and ARISE columnist, Sundiata Alayé, this writer and Charlene Cothran of *Venus* Magazine, all participated in a panel discussion entitled "How We See Ourselves."

Many discussions, both coordinated and organic, lasted into the evening, growing out of the natural warmth and energy emanating from one and all. Sounds like warm fuzzies, I know. Well, that's because for many, that was the experience.

Evening offered a fashion extravaganza featuring two designers, Franklin Rowe and Vernest C. Moore. Master spoken word artist Fredrick Campbell hosted a poetry slam that could be described as not less than perfection in oratory. In the spirit of diverse folks of African descent, Sunday was reserved for inspirational music led by the Winter Explosion Gospel Choir. And explode they did.

If the events up to that point had not yet to captured the heart and energized the soul, recording artist Ann Nesby turned the place out. The beauty of her spirit and her approachability were refreshing. Her new album is a must for all diva collectors.

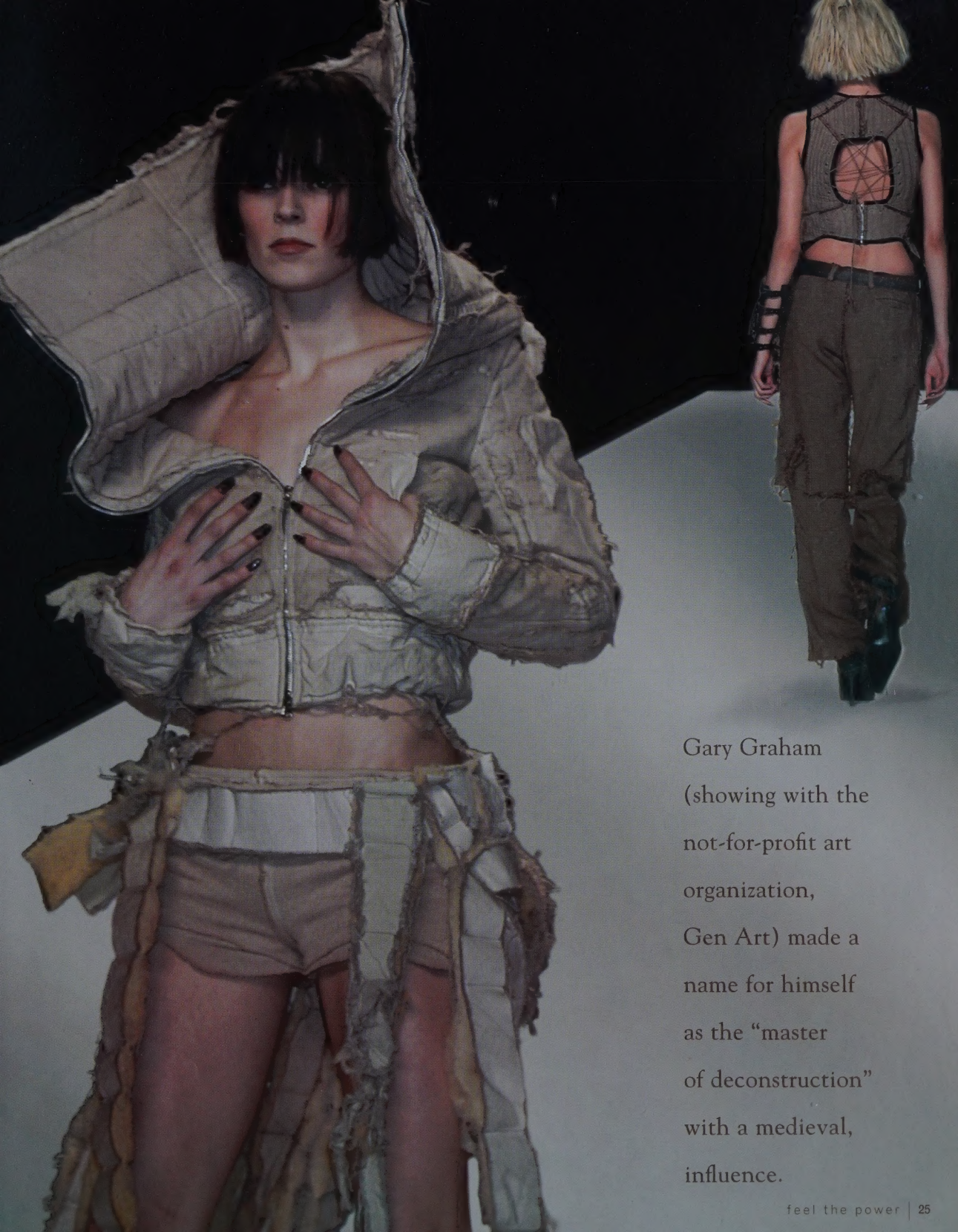
Heartfelt thanks go out to Absolut, who kept a reservoir of product in abundant flow (We love you!), Rayceen Pendaravis, an angel and our host (Keep doing what you do, you're a blessing to so many!), and organizers Kevin McCorvey, Nate Pace, Ira Palmer, Keva Riddick, James Saunders and Anthony Smith, who all put forth an exceptional effort in making this event possible. If you missed the mountain this year, there may be space for you in 2003. Remember, this year was a sell-out, so start calling now for next year. Peace!
www.winterexplosion.com

FALL 2002

n·y·c

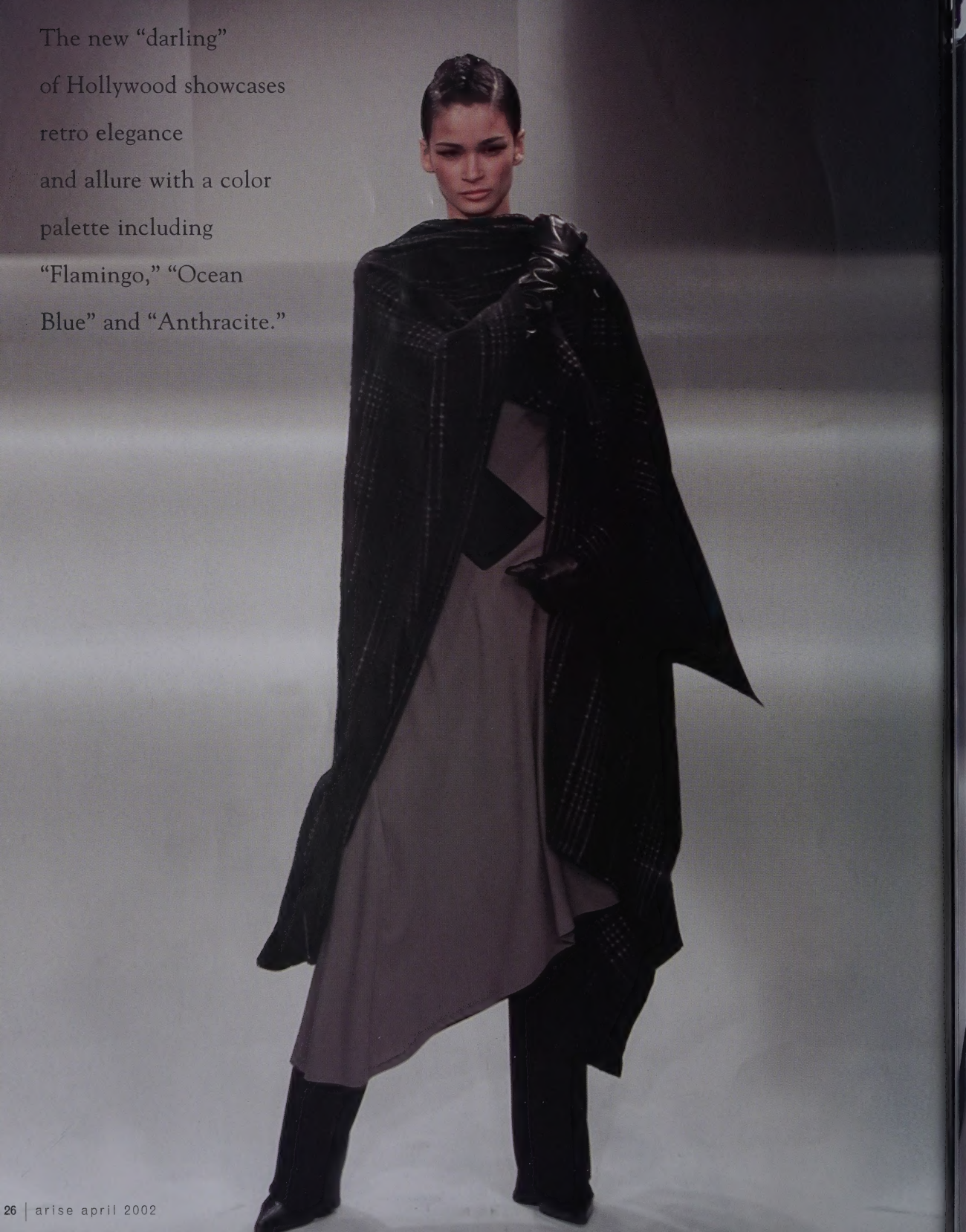
Photography by David Jacquot

Text by Eric Hollis



Gary Graham (showing with the not-for-profit art organization, Gen Art) made a name for himself as the "master of deconstruction" with a medieval, influence.

The new "darling" of Hollywood showcases retro elegance and allure with a color palette including "Flamingo," "Ocean Blue" and "Anthracite."



Emilio Cavallini's collection consists of geometric prints and psychedelic images created with advanced design and production technology. Printed tights and solid colored mini skirts make a very playful and confident statement.

www.davidjacquotphotography.com

Soul Parade
Cherokee
"This time, I wanted to create music that captured more of an edge.
I wanted a certain energy and attitude."

Now that the finishing touches are complete, *Soul Parade*, the new Trip Entertainment/ Arista Records CD from sultry singer-songwriter Cherokee, is ready to see the light of day. "This time, I wanted to create music that captured more of an edge," says the soft-spoken Cherokee. "I wanted a certain energy and attitude."

"Back East is home for me, it's where my soul lives," she says. "That's the feeling I wanted to capture in the music. I went back home, and the vibe was there in the cities and the musicians. That's what we got on record."

That evolution began uptown in New York City —Harlem—where Cherokee was born before her mother moved the family to Brooklyn. There, Cherokee was raised on a musical diet of Top Ten R&B, including favorites Michael Jackson and Prince, both of whom she lists as major influences. As a singer and breakdancer who played some bass guitar, she captured the interest of a local songwriter/ musician named Auto when both were just sixteen years old. They formed a rock band, got married and eventually migrated to Los Angeles. In 1992, the couple released one album, *Naked Music*, which never found an audience and, in retrospect, served to further develop Cherokee's skills as a writer, recording artist and performer.

By 1995, both the personal and professional unions were history. Under the tutelage of the Trawick Group, Cherokee developed the artistry that ultimately created her 1999 Trip Entertainment/RCA Records debut LP, *I Love You ... Me*, a revealing, musically bohemian chronicle of the artist's life, co-produced by Cherokee, that included the playful, sexy single "Ooh Wee Wee."

It was this album that made Cherokee a darling of the critics and a rising star among the so-called "neo-soul movement," an artful contingent that included D'Angelo, Erykah Badu and Angie Stone. Through her impassioned live concert performances, Cherokee made fans of her fellow performers, music lovers and journalists, all of whom found both Cherokee's music and visual image intriguing. So did the editors of various fashion magazines, who routinely invited Cherokee to appear on their pages, as well as fashion

designer Anand Jon, whose imaginative clothing Cherokee modeled for the past two years during the renowned "7th on Sixth" fashion shows in New York.

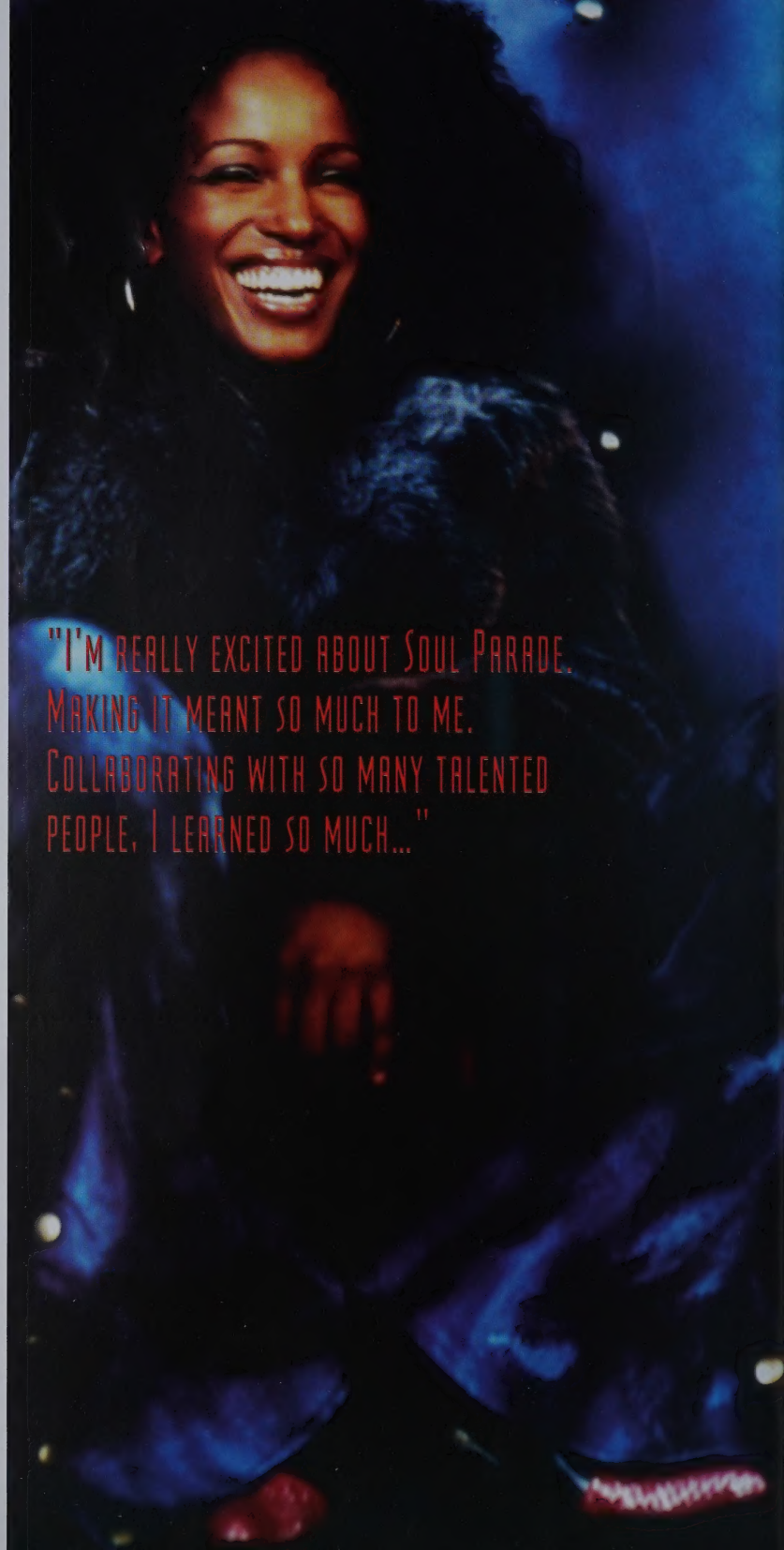
Ralph Lauren Polo Jeans, also inspired by Cherokee's funky image, featured the artist in widely seen print ads; she also performed at several Polo Jeans flagship stores.

The editors of *Esquire* found Cherokee particularly entrancing and selected her for their 1999 "Women We Love" issue, a prestigious annual honor that in recent years has become a barometer for impending female pop culture phenoms and 'it' girls. Among the women honored that year with Cherokee: actress Penelope Cruz and supermodel Gisele Bundchen. "That was an incredible thing for me," Cherokee says of the *Esquire* honor. "I felt noticed, as if someone was really paying attention to me—I cried." If notoriety brings her tears, then perhaps Cherokee should keep a few handkerchiefs on hand; even before *Soul Parade* was completed, the buzz in the industry about the music was deafening.

Tastemakers at The Gap loved her spirit, look and music, and decided to include her in their recent national advertising campaign. Although the campaign included a cool mix of established and up-and-coming musicians and actors, everyone seems to remember the beautiful black girl playing the guitar in the TV commercial!

"I'm really excited about *Soul Parade*," Cherokee concludes enthusiastically. "Making it meant so much to me. Collaborating with so many talented people, I learned so much; I dared to do things with my voice that I didn't know I was capable of. Trip Entertainment and the Trawick Group have been so supportive. Arista Records has shown incredible faith in me. I'm honored to join Arista's long tradition of incredible recording artists. An artist can't ask for more than that. But I'm ready to get back onstage, which is actually where I'm most comfortable. I can't wait."

Neither can the rest of us. After all, who doesn't love a parade, particularly a *Soul Parade*.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This season is as classic as Black&White.
BLACK
From the painted on skinniness of Henry Duarte's leather jeans
&
to the ulta sheerness of Richard Tyler's 1/2 slip. Black or White.
WHITE
worn together or seperately is timeless.
Photographed by Jamal Bayett'e
Fashion editor Jason Griffin
Richard Tyler sleevless leather dress w/ribbon. Richard Tyler boutiques, Los Angeles, NYC. Paco Rabanne leather purse. Paco Rabanne, Paris 011 33-1[illegible]-8845

This Page: Paco Rabanne, chiffon blouse w/deconstructed cuffs. Paco Rabanne, paris 011-33-140-8845. Agent provocateur, chiffon bra w/lace. Agent provocateur, london, and Los Angeles boutiques. Henry Duarte, lace up front leather jean. Minkvox, Los Angeles 310-652-5830. Opposite Page: Anja Flint, cotton mesh dress. Patricia Fields, NYC. Eric Javits, leather newsboy cap. Fred Segal, Los Angeles. Agent provocateur, stockings w/back seam. Richard Tyler, leather pumps, available at NYC, LA boutiques.

This Page: Marcel Marongiu, chiffon blouse w/plastic cuffs. Marcel Marongiu, Paris 011-311-447-1965. Richard Tyler, chiffon 1/2 slip, lace pumps, Richard Tyler boutiques, NYC, Los Angeles. Agent provocateur, lace panties. Agent provocateur, London, Los Angeles boutiques. Opposite Page: Richard Tyler, white leather jacket w/zipper. Paco Rabanne, white leather skirt w/plastic waist band. Paco Rabanne, Paris 011-33-140-8845.

This Page: Vintage lace dress. Studio wardrobe dept, Los Angeles 323-467-9455. Paco Rabanne leather waist corset. Paco Rabanne, Paris 011-33-140-8845. Opposite Page: Marcel Marongiu, pinstripe pants and vest. Marcel Marongiu, Paris 011-311-447-1965. Anja Flint, leather tie. Patricia Fields, NYC. Richard Tyler, leather pumps. Richard Tyler boutiques.

This page: Hand maid
by Michelle Frantz,
for store info call
Fabulous... 213-236-9421.
Agent provocateur,
stockings. Agent provocateur
Los Angeles, London boutiques.
Giuseppe Zanotti,
steel toe heels w/zipper.
Giuseppe Zanotti boutique, NYC.
In this story:
hair, Gerald Brown/
Totally Done management.
makeup, Pat Harris and Yuko.
fashion styling, Jason Griffin
styling asst, Etienne M. Warner,
Lynne Curtis
models, Paige, Warning
Salena,Warning

Building A Generation of Impact

Resources for LGBTQ Youth of African Descent / African-American Youth

✔ **Organization specifically serving youth of African Descent / African-American Youth**
✙ **Organization specifically serving People of Color**
✻ **Organization has programs specifically for Youth of African Descent / African-American Youth**
W **Organization specifically serves Young Women of Color**

All of the following organizations have large constituencies of LGBTQ Youth of African Descent / African American Youth who participate regularly in the programs and services offered.

This resource list has been compiled by the National Youth Advocacy Coalition

FOR MORE INFORMATION:
www.nyacyouth.org / 202.319.7596 x12 or x13

Affirmations Lesbian and Gay Community Center
195 West Nine Mile Road
Ferndale, MI 48220
Phone: 248.398.7105
E-mail Address: affirmationsglbt@juno.com
On the Web: http://comnet.org/affirmations

Youth Services: peer counseling; discussion, social, and community groups; and a game room.

✔✻ **African American AIDS Support Services Center (AMASSI)**
105 South Locust Street
Los Angeles, CA 90301
Phone: 310.419.1969
Fax: 310.419.1960
On the Web: http://www.amassi.com

Youth Services: preventive health (i.e. HIV/AIDS/STDs/cancer); psychological and therapeutic assistance; math and literacy tutoring; and skills building opportunities.

✔✻ **African American AIDS Support Services, Inc. Youth House**
278 Jayne Avenue
Oakland, CA 94610
Phone: 510.763.6377

Youth Services: transitional housing program for LGBTQ youth

The Attic Youth Center
419 South 15th Street
Philadelphia, PA 19146
Phone: 215.545.4331
E-mail Address: the_attic_93@hotmail.com
On the Web: http://www.angelfire.com/pa2/youthcenter/index.html

Youth Services: a variety of support groups (including transgender support); counseling; HIV testing; educational services; drop-in center; social activities; and a theatrical troupe.

✙ **W** **Audre Lorde Project, Inc.**
85 South Oxford Street
Brooklyn, NY 11217-1607
Phone: 718.596.0342
E-mail Address: alpinfo@alp.org
On the Web: www.alp.org

Youth Services: all programs are open to youth (unless otherwise specified) and are based on health and wellness, outreach, immigrant rights, and police violence. Each year ALP also coordinates a young women's leadership training program.

✔✻ **BlackOut Unlimited / Club 1722**
P.O. Box 14553
Cleveland, OH 44120
Phone: 216.752.1722
E-mail Address: 172@blackoutunlimited.org
On the Web: http://blackoutunlimited.org

Youth Services: Club 1722 is a support group for African-American same gender loving, transgender and questioning youth.

✙✻ **Brotherhood, Inc.**
1661 Canal Street
Suite 3230
New Orleans, LA
Phone: 504.566.7955
E-mail Address: outreachevans@aol.com

Youth Services: peer education; support groups for African American YMSMs; and HIV/AIDS prevention and education services.

✙ **Colours Organization / 40 Acres of Change**
1201 Chestnut Street
5th Floor
Philadelphia, PA 19107
Phone: 215.496.0330
On the Web: http://www.coloursinc.org

Youth Services: all programs are open to youth (unless otherwise specified) and include support groups; companion programs for individuals struggling with isolation, anxiety and/or depression as a result of their HIV status; mini dance balls; mentoring; prevention case management; individual counseling; and health education.

Hetrick-Martin Institute
Two Astor Place
New York, NY 10003-6998
Phone: 212.674.2400
E-mail Address: info@hmi.org
On the Web: www.hmi.org

Youth Services: the Harvey Milk School (the first and only accredited public school for LGBTQ youth); a GED program; computer education; drop-in center; case management; homeless and street youth outreach; individual, family and group counseling; and leadership peer education.

Lavender Youth Recreation and Information Center (LYRIC)
127 Collingwood Street
San Francisco, CA 94114
Phone: 415.703.6150
Fax: 415.703.6153
Statewide Youth Talkline: 800.246.PRIDE
E-mail Address: Lyric@lyric.org
On the Web: http: //www.lyric.org

Youth Services: academic tutoring; recreation; job training; a leadership project; youth talkline; an arts and media program; health education and wellness; and the annual Young, Loud, and Proud (YLP) Conference,

Lesbian and Gay Community Services Center
Youth Enrichment Services (YES)
208 West 13th Street
New York, NY 10011
Phone: 212.620.7310
Fax: 212.924.2657
E-mail Address: yes@gaycenter.org
On the Web: http://www.centeryes.org

Youth Services: peer education; racism, grief and loss and HIV prevention workshops; a youth summer camp, leadership training and networking for students working to end hate and homophobia in schools; a Youth Leadership Training Institute; and the annual Breaking Walls, Building Bridges youth conference.

Ruth Ellis Center, Inc.
16525 Woodward Avenue
Highland Park, MI 48203
Phone: 313.867.6936
Fax: 313.867.6939
On the Web: http://www.d-b.org/RuthEllisCenter

Youth Services: provides short-term and long-term residential safe space and support services for runaway, homeless and at-risk lesbian, gay, bi-attractional, transgender and questioning (LGBTQ) youth in Detroit and southeastern Michigan.

* **Sexual Minority Alliance of Alameda County (SMAAC)**
408 13th Street
P.O. Box 263
Oakland, CA 94612
Phone: 510.834.9578
Fax: 510.834.9590

Youth Services: SMAAC's youth center offers support groups; a Transgender Youth Association; 1-on-1 college counseling; GED, SAT and ACT prep classes; monthly parties; case management; a council for HIV positive youth; safer sex info and supplies; and HIV testing.

Sexual Minority Youth Assistance League (SMYAL)
410 7th Street, SE
Washington, DC 20003-2707
Phone: 202.546.5940
Fax: 202.544.1306
On the Web: http://www.smyal.org

Youth Services: SMYAL's drop-in center provides a safe space for young people to be who they are through support groups; counseling programs; youth theatre; HIV testing and counseling; a writers circle; a social justice group; speakers bureau; and youth leadership programs.

W **Sister Outsider**
26 Raleigh Pl.
Brooklyn, NY 11226
Phone: 718.282.1600

Youth Services: groups targeting young women of color who are supporting themselves and living in poor and working class communities in Brooklyn; and focusing on instigating new economic, educational, wellness, spiritual and leadership opportunities .

Sufficient As I Am (SAIM)
Gay and Lesbian Community Center
241 West Chase Street
Baltimore, MD 21201
Phone: 410.837.5445
Fax: 410.837.4114
E-mail Address: office@glccb.org
On the Web: www.geocities.com/mdsaim

Youth Services: SAIM is a support group for lesbian, gay, bisexual, transgender, questioning youth and their allies ages 24 and under.

YouthPride
P.O. Box 15448
Atlanta, GA 30333-0448
Phone: 404.378.7722
Fax: 404.223.6789
E-mail Address: info@youthpride.org
On the Web: http://www.youthpride.org

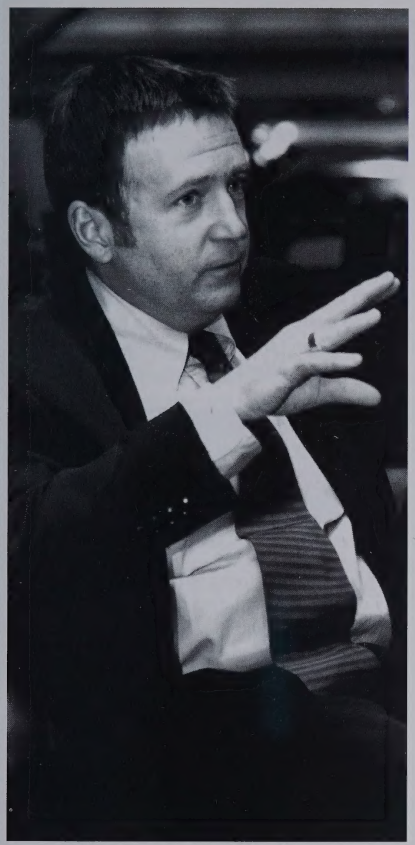
Youth Services: a drop-in center; weekly support and discussion groups; youth leadership programs; peer education programs; and regular social activities and events.

nyac

All information contained herein is correct at the time of publication. Please contact NYAC directly to update information or to have your program added to this list.

1638 R Street, NW, Suite 300
Washington, DC 20009
202.319.7596 x12 or x13
nyac@nyacyouth.org
www.nyacyouth.org

The National Youth Advocacy Coalition is committed to improving the lives of lesbian, gay, bisexual, transgender, and questioning youth.



AIDS CZAR is taking it to the streets

BY AKILAH MONIFA

Appointed Director of the White House Office of National AIDS Policy by President Bush in April 2001, Scott Evertz is known as the AIDS czar. He also serves on the White House Domestic Policy Council and the President's Cabinet Task Force on HIV/AIDS, co-chaired by Secretary of State Colin Powell and Secretary of Health and Human Services Tommy Thompson.

Not exactly a beltway insider, relatively new to AIDS/HIV circles, and not to mention an openly gay man, Evertz was a surprising choice to many. He has worked since 1992 as a public policy advocate for folks with HIV/AIDS in Wisconsin. He served as legislative director and state president of the Log Cabin Republicans of Wisconsin. He was also instrumental to the insertion of language on national AIDS policy into the 2000 Republican Party platform.

ARISE magazine spoke with Mr. Evertz during his West Coast tour of HIV/AIDS service organizations, which included stops in Oakland, San Francisco and Los Angeles.

What brings you to the Bay Area and the West Coast?

We like to spend as much time with clients—those living with HIV—as possible, to hear their challenges. For instance, the first stop in Los Angeles was at an AIDS service organization that serves a predominately female population, a lot of African Americans and Latinas, and their challenges are amazing. We talk a lot about heroes right now, but they really are the heroes of the epidemic. There were a number of grandmothers raising their grandchildren because their daughters had passed away. It's just striking. We feel it's very important not only to hear what they have to say but also to spend time with the agencies that are serving them. In many cases these are agencies serving indigenous populations, they're not necessarily the big AIDS service organizations...

What do you see as the difference between San Francisco and Oakland in terms of HIV/AIDS?

It's significant. Everyone says there's all sorts of services on that side of the bay (San Francisco). It's not quite the case over here. There are certainly some good organizations. We've visited with Gloria Lockett at CALPEP (California Prevention and Education Project), the organization that's working with all sorts of people in the streets, but sex workers in particular, and they're doing good work. Part of what they do is to connect people with programs and services, and they're struggling to find the services and the programs ... for all the people in need.... I'm not surprised by this because it's something I knew about before this job. I've come to have a real appreciation for groups such as hers, and others, that are dealing with the populations that in many cases we're trying to ... consistently push somewhere else.

I'm just curious in terms of the administration, are there any restrictions about the different service organizations you work with or meet?

No, there really aren't. As evidence to that, I spent some time at Stop AIDS Project in San Francisco. You may know they're kind of embroiled in a controversy over some of their materials right now. The reason we did that—why I specifically chose to go there—was to find out from the horse's mouth, if you will, what's going on? And it sounds like, despite the fact that they do produce some kind of provocative materials, they're still meeting the criteria, and the local control board is looking at the materials. Even in terms of some of the accounting issues that were brought up as part of the audit, it sounds like they're compliant there too. So clearly, if there were a place I was told to stay away from, it would have been that. And I haven't been ... We really do want to reach out to as many people as possible.

So what sort of contact does you office have with the Bush administration beyond your appointments? What were your walking papers in terms of you being told what to do?

... As you know, there are a lot of federal agencies that in one way or another are

"Even in this research-rich country, we don't oftentimes do a good job of getting health care to the people in our central cities."

"...We need to get to them in a non-clinical manner, which is, "If you do this you're at risk for HIV regardless of whether you're married or not."

responding to HIV, it's not just theDepartment of Health and Human Services. And the president wants his Office of National AIDS Policy to kind of pull those all together. So the marching orders were to develop the policy of the administration in consultation with all of the people that have an interest in this area. The tour is a sort of fact-finding mission ... designed to enable us to have [policy development] not occur in a vacuum. It's really hard to go back to DC and not see the women that we saw in Los Angeles or to not hear the stories.... And it's also hard to mentally impose upon [service providers] how things should be done.... They really know what they need to do to help save the people that they represent. And we are talking about saving—I mean like saving a generation.

I know you're still fact-finding. What's your timetable for that policy?

... We've had one meeting of the cabinet task force but it's kind of our M.O. to have the Presidential Advisory Council meet first ... so that what they recommend will go into the cabinet task force [meeting]. That's all happening in the spring. As 2002 rolls on we're really going to ramp up our activity coming out with some, [we hope], bold statements and initiatives on HIV/AIDS.

Well from what you know now; do think that the policy is going to focus on research? Is it going to focus on prevention? Is it going to focus on fighting the disease?

I think we recognize that it has to be comprehensive.... It's been said, and I think accurately, that there really is no prevention without care and treatment and vice versa. And so if you were to do an analysis of the budget, one could say, well, there's more money here than there is here, but from a phi-losophical standpoint we really view it as a continuum and it really has to be.... We've heard that the statistics here [in Oakland] are as bad as they are in some African nations.... Even in this research-rich country, we don't oftentimes do a good job of getting health care to the people in our central cities. And if we can't do that, the person has no reason whatsoever to get tested for HIV. If they don't think they're going to be cared for in a health care environment, then there's no reason to find out that they're HIV-positive. So we really have to make sure that it is comprehensive and that the kind of care and treatment that we're paying for really gets to the communities in need....

I'm just wondering about one of the more controversial issues these days—this notion of men sleeping with men but not saying they're gay and not saying that they're bisexual. In terms of a comprehensive plan, what sort of—even beginning prevention measures—can you have for this group of people?

Well it's very tough as you say because I think that, if there's a man who has sex with a man and they're not identifying even as bisexual, which is the case, then they're in some form of denial that ... enables them to deny the risk of HIV [infection].... People know how HIV is transmitted and I think that even people in denial know, somewhere in their psyche, that they're placing themselves at risk.
But we've heard a lot on this visit about the disconnect between that knowledge and behavior.... You add either drugs or alcohol to that equation and—I don't want to say it's impossible, but it's very difficult to ensure that person does not take risks.

I think that for years we have talked about the behaviors that result in transmission of HIV. As of late we've been talking about groups. That group you referred to: MSM. We all know what MSM means, Men who have Sex with Men. There was a movement away from talk about behavior toward talk about vulnerable groups. But I think in this case, they're probably not even identifying as an MSM, as bizarre as that sounds. And I think we came up with the term because we said they don't self-identify as gay, they don't self-identity as bisexual. They don't seem to self-identity as MSM either. It's kind of a clinical term and we need to get to them in a non-clinical manner, which is, "If you do this you're at risk for HIV regardless of whether you're married or not." It's a lot easier said than done. We're dealing with human behavior, which is difficult to change. But I think we really need to focus on education, on the behaviors that result in transmission of AIDS....

What do you think people generally see now as the face of AIDS and the face of HIV? I mean, when people first learned of the disease, I think that a lot of people would say, "Oh, it's something that affects white gay men." Do you think that in this country that there's been a shift in whom people see as the face of AIDS?

Unfortunately I don't think that's the case. I think people want to believe that it's only affecting gay males or, and unfortunately, that it's affecting communities of color, which it is, disproportionately, but that then kind of enables the average heterosexual middle American to still say, "This is not my problem." I don't know how we overcome that, but we have to overcome it. It has to be just a health issue.... I don't think that ... many Americans perceive it as affecting them, their population.

How do you think we can make that shift? How can we make that transformation into saying, "This really is a health issue"?

That's a tough one too.... I think that the more people [admit to] living with HIV, just the guy or woman living next door, the less stigma there will be around it.... That's obviously why it's not being treated entirely as a health issue, because of the stigma that's attached to it. And the only reason there's a stigma attached to it is because of the perception of whom it's affecting and how they've become infected. And we've got to stop having that conversation too, you know, how someone became infected. While we need to know that for research purposes,... my response would be "Just treat the disease, you don't need to know how someone got it."

And why do you think that question is continually asked?

I don't know, but if you think about it, they're not going to treat HIV differently if [the patient is] an injection drug user or a man who has sex with men. They just treat the disease the same [way], so it's obviously to put someone in a category. That's why I say the question really shouldn't be asked.

I agree, that's why I asked. The treatment isn't going to be different, but it seems there is some sort of box that they want to put people in, "You injected drugs so you're to blame...."

Yes, the "guilty" box. And if you injected drugs and you're a man who has sex with men you're even more guilty.

"Health care for women is a challenge that we struggle with throughout the country in all sorts of areas. It's not simply HIV/AIDS."

Exactly, yes, you're off the box! It's great to hear you talk about Los Angeles, particularly the organization dealing with women. It seems like women don't get talked about a lot in dealing with HIV and AIDS.

And that's one thing that we learned [on this tour]. It's a little bit anecdotal, but we know the statistics on the infection rate among women and we know that [HIV service providers'] anecdotal experiences are that whole hosts of women are finding out that they're pregnant and HIV positive when they go into the doctor.... So there isn't a normal part of the health care delivery system, a recognition that we need to talk to women about HIV. Beyond, that in all sorts of areas,... we don't have enough research on health care for women and the various things that are impacting women. HIV is no exception. And I don't think ... we are going to really know the full scope of the epidemic among women [until we do that]. We won't be talking about it,... so we won't be hearing about it. Also ... we all know that gay white males are in large part responsible for creating the AIDS infrastructure, and it's going to take some time before ... we talk about women who are impacted by this disease just as much as men [are impacted].

I think that's a good point. How does that infrastructure get created so that we are talking about it?

I certainly think those organizations that were created by gay white men tend to be a fairly compassionate group of people. They tend to continue to identify ways to shift the focus, as appropriate, to meet the needs of the populations that are affected by the disease now. I know that one of the organizations that has a uniquely difficult problem with this is the Gay Men's Health Crisis. Not because they're not doing it, but because of the name of the organization.... I know that they've struggled with that fact. But they do seem to be doing a very good job developing programs and services for women and their children because that's increasing the face of the epidemic in New York City. So it's incumbent upon those organizations [to shift focus], because their missions don't say "to serve gay white men living with HIV/AIDS," their mission is to serve *people* living with HIV/AIDS. And I think many of them are meeting the challenge, but it's bigger than HIV. Health care for women is a challenge that we struggle with throughout the country in all sorts of areas. It's not simply HIV/AIDS. So we've got to keep encouraging people to develop the infrastructure.

Specifically from what you've seen in your travels meeting with service organizations, how are we (African-American communities) harder hit by HIV/AIDS as opposed to other communities?

I think that historically we have done a poor job giving services in the African-American community. While it was the only thing some men early in the epidemic were dealing with, it is one of many things that, unfortunately, many African Americans are still dealing with for all sorts of reasons, racism being just one of them. So because it is one of many issues, it makes it that much more difficult for the client, the end user to care for himself. If we're talking about poverty or homelessness or other health conditions, HIV is just one of many [issues] and oftentimes can get lost in the mix. Also, the African-American community does have some great advocates. And they're doing a good job, but there's just not enough advocates for a community that's disproportionately impacted by something like HIV.

For more information on the Office of National AIDS Policy, visit www.whitehouse.gov/onap/aids.html. For more information on the Presidential Advisory Council on HIV/AIDS, visit www.pacha.gov.

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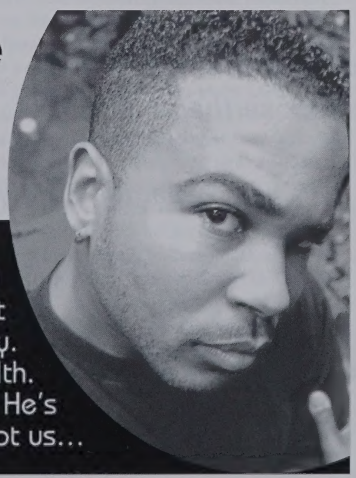
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Say It Loud ... I'm Black and I'm Proud

Black Pride Survey 2000 (BPS2000)

by Juan Battle, Ph.D.

When I dare to be powerful, to use my strength in the service of my vision, then it becomes less and less important whether I am afraid.

—Audre Lorde

I've loved a few men; I've loved a few women; and a few people have loved me ... I suppose that's all that's saved my life.

—James Baldwin

In 1992 while in graduate school, I did an academic online search to examine social science research on African-American lesbians and gays. Let's just say that I was shocked at how little research existed. I'm not sure what I expected to find, but what I did find was woefully inadequate. I knew we had a story to tell, a role to play in the larger world, and had been and were continuing to make a difference. I also knew we had experiences and opinions that needed to be documented. As "the old folks" used to say, "You can't tell it like I can."

During the spring of 2000, a group of researchers and the National Gay and Lesbian Task Force's Policy Institute approached me to be involved with implementing what was to become one of the largest and most important research documents on African-American LGBT populations in the United States. My excitement around the possibilities was overwhelming.

Less than two years later, I'm thrilled to be a part of a study conducted at nine Black

Pride celebrations in nine cities across the country during the summer of 2000. The nine celebrations were Philadelphia Black Pride, Houston Splash, Washington, D.C. Black Pride, Oakland Black Pride, Chicago Black Pride, Los Angeles' At the Beach, Detroit's Hotter Than July, New York Black Pride, and Atlanta's In the Life.

While those who participated in the Black Pride Survey 2000 (BPS2000) can not possibly represent every black LGBT person, or all homosexually active African Americans who may not identify as gay or bisexual, this sample represents possibly the largest national, multi-city sample of black LGBT people ever gathered.

Though my name is listed as lead researcher, this document would have never seen the light of day had it not been for the thousands of people who were dedicated, at different times and in different ways, "to use [their] strength in the service of [their] vision."

The text that follows is excerpted material. For the full document, please see the NLGTF website at *www.ngltf.org.*

Summary

Black Americans have always been at the forefront of movements for social justice in the United States. But black gay, lesbian, bisexual and transgender (LGBT) people have not always been represented in leadership positions within the larger LGBT community.[1] As a result, the agenda of the gay rights movement has not always reflected the particular experiences and priorities of black LGBT people. Similarly, mainstream, non-gay identified civil rights organizations and black institutions have not always understood or prioritized the particular concerns of the LGBT members of the black community. This report presents information on the demographics, experiences and policy priorities of black LGBT people in the hope of changing this dynamic and increasing advocacy on issues of concern to black LGBT people.

There is little social science research on gay, lesbian, bisexual and transgender people in the U.S., and even less on black LGBT people. As a result, we know little about the basic demographics of black LGBT people. How many gay people are there? How many of us have children? Do we earn the same as straight people? How many of us have experienced discrimination? How do gender, race, age, socioeconomic class and other aspects of our identities and our lives structure our experiences as LGBT people?

"[W]hile we know some things about black LGBT people, thanks to the pioneering work of several African-American gay and lesbian academics, there are many questions that remain unanswered."

Although some academic researchers have conducted path-breaking research about black LGBT people, most research to date has focused on white, young or middle aged, urban gay men. Less research has focused on lesbians, and even less on bisexual and transgender individuals. Many studies involve small samples that do not reflect the racial and economic diversity of the LGBT community. So while we know some things about black LGBT people, thanks to the pioneering work of several African-American gay and lesbian academics, there are many questions that remain unanswered.

In an attempt to answer some of the many questions activists have about black LGBT people, and to identify the most important policy issues affecting this population, the National Gay and Lesbian Task Force joined with several African-American gay and lesbian researchers and nine black LGBT Pride organizations to develop Black Pride Survey 2000. From April to September 2000, activists across the country surveyed over 2,500 participants at Black Pride celebrations in nine cities across the U.S. This report summarizes the key findings of that survey and provides the first opportunity to systematically explore the attitudes and experiences of black LGBT people.

The black LGBT community has much in common with the overall black community, and shares many common concerns with LGBT people of other races. But black LGBT people also have particular experiences and concerns. While the 2,645 individuals who completed the Black Pride Survey 2000 are not representative of all black LGBT people, or of all homosexually active African Americans who may not identify as "gay" or "bisexual," this sample represents possibly the largest national, multi-city sample of black LGBT people ever gathered. While we cannot generalize from it to the entire black LGBT and homosexually active population, our sample can be seen as providing useful information about those who attended Black Pride celebrations.

Demographics

The average attendee at a Black Pride celebration who responded to the survey is a college-educated, middle-class, 34-year-old black gay man who rents an apartment with one other person (who is not his partner), is Baptist, and has had negative experiences in his church due to his sexuality. He has experienced at least two types of discrimination, is politically liberal and is a registered Democrat who voted in the 1996 presidential election. He has voted twice over the last five years. He thinks racism is a problem in the white LGBT community and homophobia is a problem in the black community. He believes drugs is the major issue facing all blacks, while HIV/AIDS is the most important issue facing the black LGBT community.

The sample was more male, more highly educated and earned slightly more in income than the general African-American population. Those surveyed were more likely to work in a professional-type job (doctor, lawyer, etc.) and less likely to work in the service sector than the black population as a whole.

Nearly one in four respondents worked for the government, while the other three quarters worked in the private sector. This high prevalence of work in the public sector has at least two key policy implications. First, domestic partner policies that cover municipal or state employees could provide health and other benefits to the same-sex partners of many of the respondents at Black Pride celebrations and, presumably, many black LGBT people. Second, executive orders banning discrimination

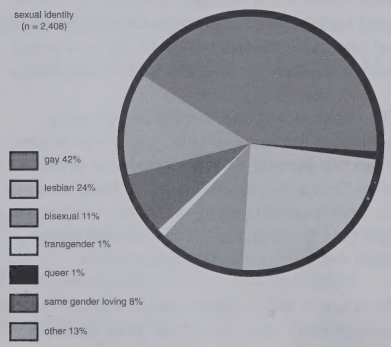
on the basis of sexual orientation and gender identity in public employment could also cover a significant portion of this population.

Nearly 2 percent of respondents, or one in fifty, were in the U.S. military. This means that the ban on open gay and lesbian people is a concern to at least some of this population.

Family Structure

About 12 percent of respondents reported living with children, while one fourth reported having at least one child. More specifically, one in four women reported living with children, versus only 4 percent of men and 2.5 percent of transgender people. Nearly 40 percent of women said they have at least one child, versus 18 percent of men and 15 percent of transgender people. This included respondents who gave birth to or fathered a child; who were coparenting a child with a partner; who were raising a niece, nephew, grandchild, etc.; or who once raised a child who is now an adult and/or no longer lives with that parent.

One in five respondents reported being biological parents, and 2.2 percent reported being adoptive or foster parents.



Sexual Orientation Labels

When respondents were asked which one label out of a very extensive list, detailed in Table x.1, comes closest to how you describe your sexual orientation, 42 percent of the sample self-identified as gay, 24 percent chose the label lesbian, 11 percent checked the category bisexual, and 1 percent marked transgender. The category "same-gender-loving" was the fourth highest response, with eight percent of respondents choosing this option. In contrast to the high levels of agreement on the labels gay and lesbian, black LGBT people do not readily, or even remotely, identify as "queer." "Queer" was one of the least popular options, receiving few responses (1 percent), "one of the children" (1 percent), "two-spirit" (1 percent), "in the family" (1 percent), "straight/heterosexual" (3 percent) and "in the life" (4 percent). Among the many labels some respondents wrote down under the category "other" (3 percent) were "open to love," "closeted," "faggot," "questioning," "curious,"and even "I like what I like." Interestingly enough, more men than women self-identified as bisexual (13 percent vs. 10 percent), and more men than women used the term "same-gender-loving" to identify themselves (10 percent vs. 5 percent).

What do these findings mean? Some argue that the term "gay" largely represents the experiences and identity of men, specifically white men. The empirical evidence shows, however, that among those most likely to self-identify as non-straight in the Black Pride sample, the term "gay" (and, among women, "lesbian") is primarily chosen and readily used. Nearly two thirds of men, and even 12 percent of women, chose "gay" to describe themselves. Six in 10 women chose the term "lesbian." The evidence also indicates that there is a strong reluctance among black LGBT people to use the term "queer" as a primary identifier of their sexual orientation. Again, the BPS2000 data cannot be used to answer the question of why black LGBT individuals do not use this term. There is, however, some speculation about this matter.

"The lack of identification as "queer" might reveal the racism that black LGBT people experience from white "queer identified" activists in their organizations and campaigns, including their lack of outreach to black LGBT communities."

First, the lack of identification as "queer" might reveal the racism that black LGBT people experience from white "queer identified" activists in their organizations and campaigns, including their lack of outreach to black LGBT communities. These white "queer" activists are often thought to have greater access to resources and privilege, and to embrace a greater fluidity concerning their sexual practices and sexual identities than most Black Pride respondents. These qualities are luxuries often missing in communities of color. Second, the rejection of the term queer might indicate that the radical promise that the term queer holds has not been embraced by black LGBT individuals as an alternative way (and politics) of sexual identification. As Cathy Cohen states, "In its current rendition, queer politics is coded with class, gender and race privilege, and may have lost its potential to be a politically expedient organizing tool for addressing the needs—and mobilizing the bodies—of people of color."[2] Third, the low levels of support for the term queer might also reveal the social conservatism within the black community generally, and in the black LGBT community specifically. It's important to note that we don't have data regarding identification as queer among LGBT people of other ethnic backgrounds. Regardless of the reasons, there must be some serious thought given by political organizations seeking to mobilize black LGBT people about the use of the term "queer," and the (de)merits of organizing around a "queer" identity. Similarly, political discussions within black LGBT communities about what it means to be "queer," "same-gender-loving," or any other sexual identity should be encouraged.

Policy Priorities

Respondents indicated that overall the three most important issues facing black LGBT people were 1) HIV/AIDS, 2) hate crime violence, and 3) marriage and domestic partnership.

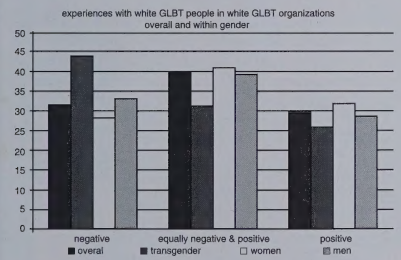
For women in our sample, the three most important issues facing black LGBT people were 1) HIV/AIDS, 2) hate crime violence, and 3) marriage and domestic partnership. For men, the three issues were 1) HIV/AIDS, 2) hate crime violence, and 3) health care.

The three most important issues facing black LGBT people, according to transgender respondents, were 1) a tie between HIV/AIDS and job discrimination and a lack of jobs, 2) hate crime violence, and 3) drugs.

Overall our sample felt that the three most important issues facing all blacks in the U.S. were 1) drugs, 2) education, and 3) HIV/AIDS.

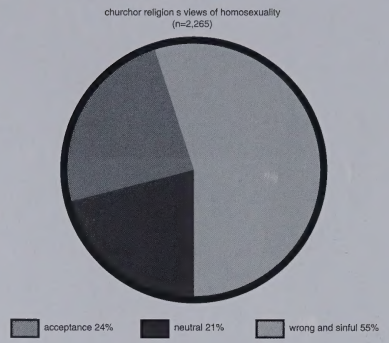
For men and transgender people in our sample, the three most important issues facing all blacks in the U.S. were 1) HIV/AIDS, 2) drugs, and 3) education. The three most important issues for women in our sample were 1) drugs, 2) education, and 3) police brutality/criminal justice.

Political Attitudes and Behaviors
Two thirds of respondents were registered Democrats, while one in 10 were registered Republicans. Two thirds of respondents voted in the 1996 Presidential election, compared to 51 percent of the black population as a whole. Women were much more likely than men or transgender people to have voted: 91 percent compared to 57 percent of men and 53 percent of transgender respondents.



Discrimination
Half of respondents said racism is a problem for black LGBT people in their relations with white LGBT people, with one fifth strongly agreeing.

While a third of respondents reported negative experiences in white LGBT organizations and with white LGBT people in bars and clubs, slightly less than a third reported positive experiences in these contexts. Two thirds said that homophobia is a problem within the black community.



Religion
More than half of those surveyed said that their church or religion viewed homosexuality as "wrong and sinful," while one quarter said that their church was accepting of homosexuality.

While the vast majority of respondents practiced a Christian religion, nearly 3 percent practiced Santeria, a faith based upon West African, indigenous Caribbean, and Roman Catholic influences.

Policy Issues
Those policy issues on which there was much consensus among BPS2000 respondents included prioritizing issues related to HIV/AIDS; combating hate crime violence; and securing the same rights as married heterosexuals, including equitable access to government programs. To meet the public policy needs of the black LGBT community, public health officials should acknowledge that current HIV prevention efforts have failed, and implement more effective policies to reduce HIV/AIDS infection and risky sexual behavior. In particular, age-appropriate, publicly funded sex education programs should be offered which provide comprehensive, factual information about sexuality. Also, hate crime and anti-discrimination initiatives must be passed and implemented that will use various institutions, not just the criminal justice system, to decrease the incidence of violence and discrimination based on sexual orientation and gender identity.

Equally important in the family arena, policy makers must support equal access to civil marriage. Marital status should not be a factor in determining eligibility to serve as adoptive or foster parents or as a factor determining eligibility to access basic social services, as some in the Bush Administration and in conservative think tanks have recently proposed.

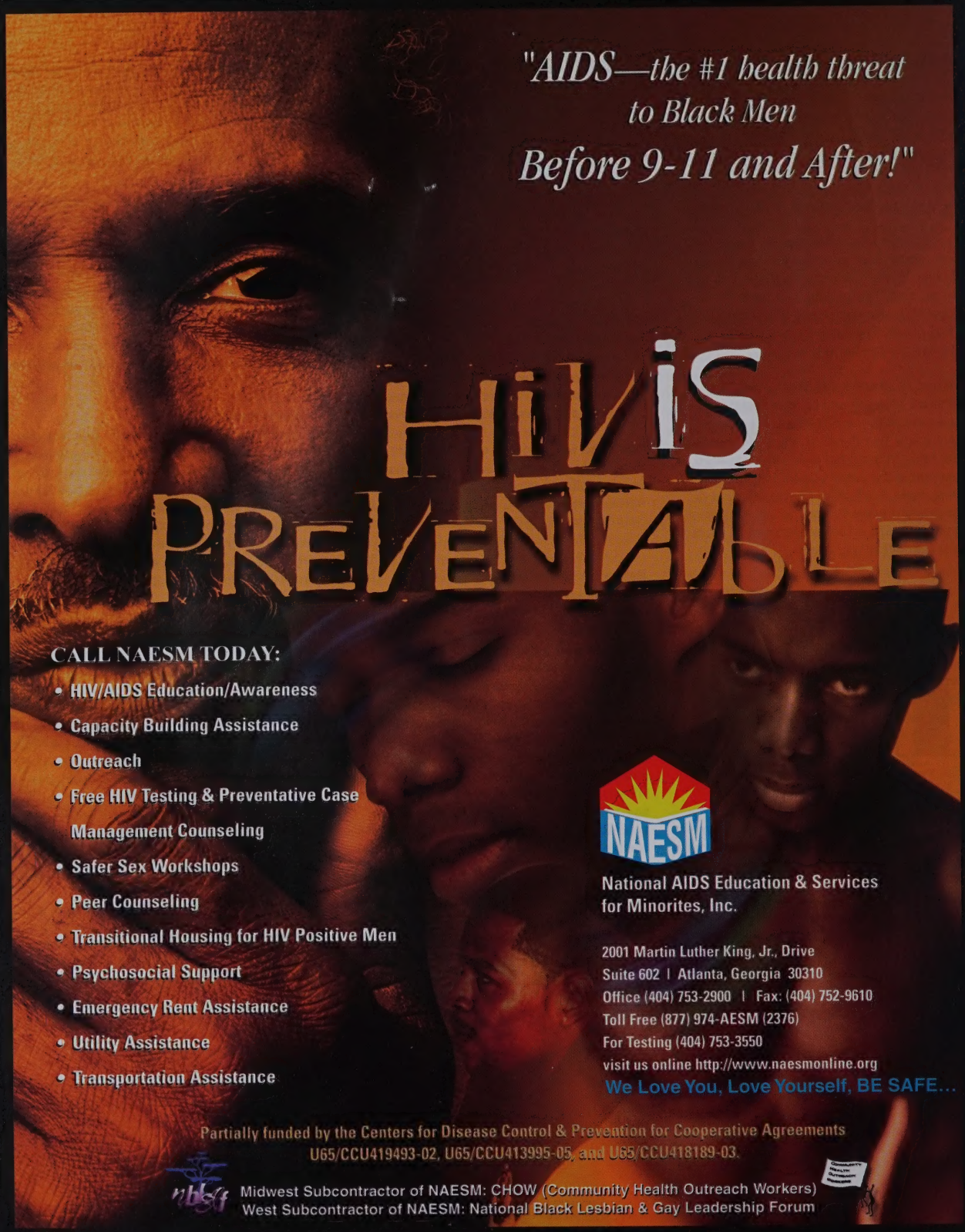
Predominately straight black organizations and predominately white gay organizations must expand efforts to target all members of their communities, including black LGBT people. Organizations like the National Association for the Advancement of Colored People (NAACP) should more aggressively address issues like HIV/AIDS, hate crime violence and marriage/domestic partnership in their advocacy and public education efforts.

A Final Recommendation
People experience many forms of discrimination on the individual level, but discrimination or marginalization also operates at the structural or institutional level. Social justice activists—regardless of race, gender, class, or sexual orientation—should understand, identify and work to eliminate the structural biases of organizations, including structural racism, heterosexism, homophobia, sexism and classism.

[1] Exceptions include Betty Powell, who helped build the National Gay Task Force and the Fund for Human Dignity; Mel Boozer, who opened the first DC office of the National Gay Task Force, served as its DC representative in the early 1980s, and was the first gay person to address a major party convention, speaking on gay rights at the Democratic Convention in 1980; Gilberto Gerald, founder and director of the African American Gay and Lesbian Studies Center; Barbara Smith co-founder of Combahee River Collective and Kitchen Table Women of Color Press; and Reggie Willians, ED of National Task Force on AIDS Prevention.

For other examples, visit *http://www.blackstrip.com/blacklist.*

[2] Cohen, C. J. (1997). "Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?" *Gay and Lesbian Quarterly*. 3: 449.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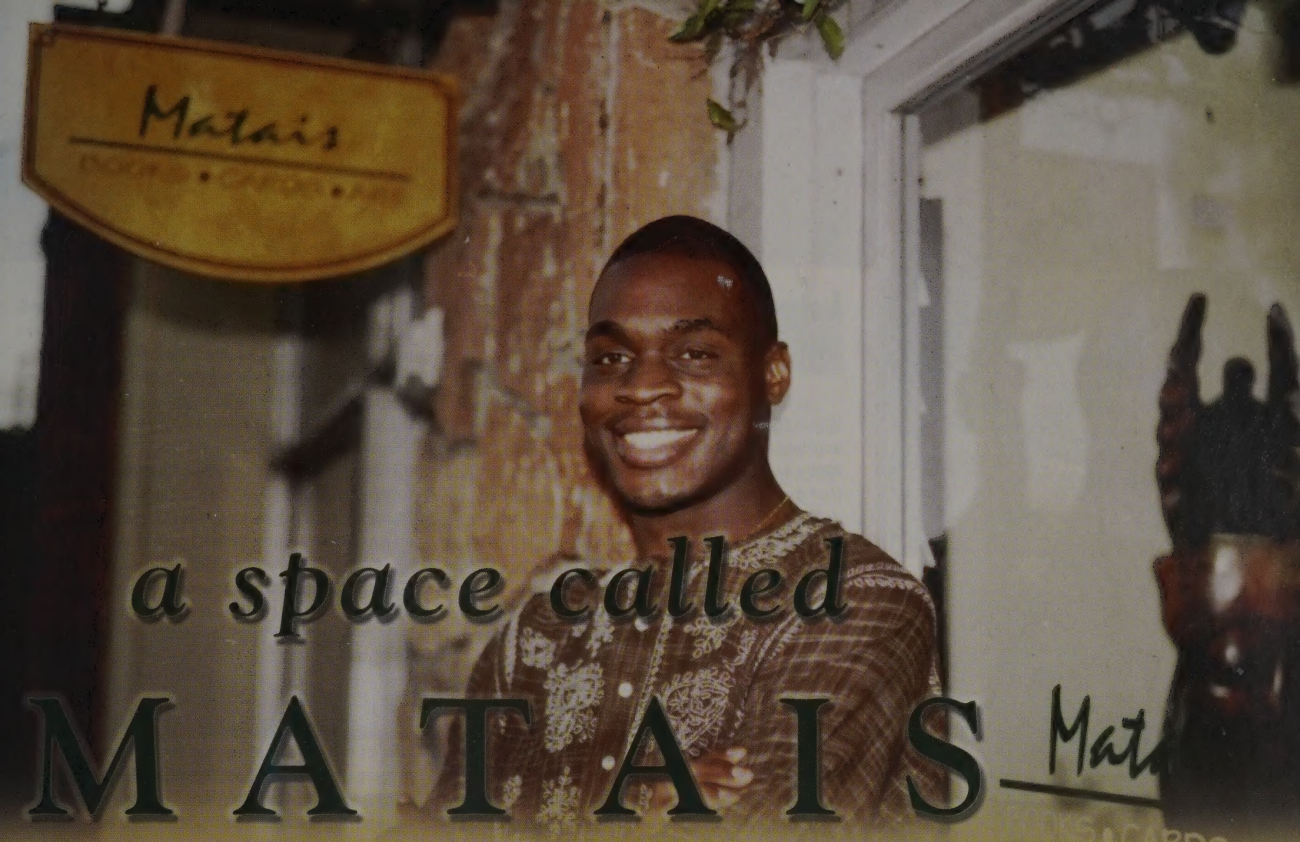


a space called MATAIS

by MacArthur H. Flournoy

Matais Pouncil has a vision: a sanctuary for black gay and lesbian writers and poets. This vision, coupled with his love for objets d'art collected while on world travel, have come to life in a distinct, self-titled gallery—Matais.

"Actually, the initial concept of this space was as a bookstore, a specialty bookstore, not to compete with a Barnes and Nobles or an Amazon.com, but really a safe space for people of color who write about men and women who they love. A safe place for black gay and lesbian writers ... emerging artists. I see the space as ... a cultural gatekeeper for that which is African-American culture,... gay and lesbian culture."

Pouncil, towering above many of his contemporaries at 6' 5", wins immediate attention in most crowds, if not by his stature, certainly by his ebullient smile. In short, the man is beautiful. But as cliché as that may sound, you quickly understand that this man is more than merely another bronze chiseled face. There is substance here. It is clear that this visionary was born to be a winner, once having had the pleasure of meeting his mother. The lovely Mrs. Pouncil appears to just have left the Valentino showroom. She is the personification of grace, elegance and sophistication. If there is any truth to the adage "the apple doesn't fall far from the tree," it bears no greater accuracy than expressed in the life of Matais Pouncil.

While the young (thirty years old) Pouncil is quick to honor the role his mother has played in his life, he also recognizes the contribution of black writers. "James Baldwin says, 'Go to where your love beats,' follow your passion. And that's what I would encourage emerging artists and entrepreneurs to do. It's really not about the money. It's really not about your budget and how much you're able to save. It's really about you being entrepreneurial and enterprising," states Pouncil.

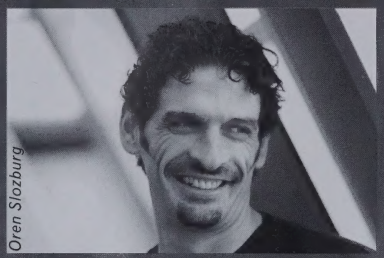
In contemplating opening his self-titled space based in a saucy little district of Long Beach, California, the young entrepreneur combined courage with vision and tenacity. His business strategy is akin to what many of this country's most prolific innovators have procured through hard work. "If I had waited for some significant savings to open my space here, it wouldn't be here. So then it's not about the money. It's about fulfilling your spirit and fulfilling that which is passionate for you intensely ... and aggressively. And then once you do that, everything else will fall into place. I know that sounds somewhat cliché and I'd like to offer a formula for how one can be successful in business, but there really isn't one. Your gut is the formula."

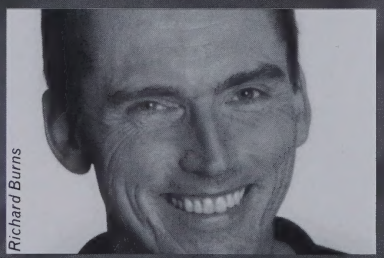
With a vision toward the future, Matais understands the relationship between professional development, business enterprise and creative expression. "I want to continue to strive for self-actualization. I don't know in what form that may manifest. I don't know if that means more art galleries. I want to archive the experiences of African-American people in general and those of the lives of emerging artists—black gay and lesbian writers, artists, poets. And I would like to in some way just be instrumental in shaping and molding all that is positive about who we are as black folk."

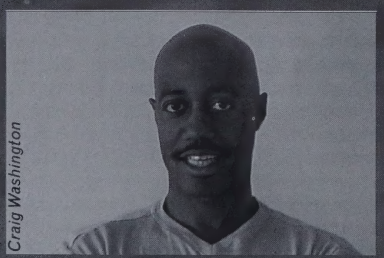
Considering the impact he'd like to have on others, he is candid. "I don't want the future gay and lesbian youth to think that they're the first ones. There's a bright history that has been archived that they can latch onto. They can be fortified and one day exclaim, 'OK, I'm not the only one, there was a person here before me who made a difference.' I want them to be proud and celebrate who they are and what they are."

Executive Direction

Gwenn Baldwin


Oren Slozburg


Richard Burns


Craig Washington

Interview by MacArthur H. Flournoy

While the economy fluctuates and political engines kick into gear in preparation for the 2002 congressional elections, it is clear that many in our community are looking for definitive direction, guidance and support. Pride centers historically have played a significant role in shaping LGBTQ|SGL culture and addressing significant social issues. Still, for many people of African descent, pride centers remain a mystery as to their purpose, constituency and goals.

This is the second part of an exclusive interview with four executive directors of pride centers across America: Gwenn Baldwin of the Los Angeles Gay and Lesbian Center, Richard Burns of the LGBT Community Center in New York City, Oren Slozberg of the San Francisco LGBT Community Center and Craig Washington of the Atlanta Gay and Lesbian Center.

There are a whole variety of cultural beliefs and social beliefs around sexuality that often time inhibit people of color from coming out. In your respective organizations, what lessons have you learned about specifically targeting people of color?

Gwenn Baldwin, Los Angeles Gay and Lesbian Center (L.A.): I think that's really true, especially around prevention messages. We are doing specific grants to smaller community based organizations to assist in the development of culturally appropriate and relevant materials. So last year for example we did piece targeting the African-American community. It didn't use a lot of the terms like "gay" or "queer." It used a lot of family and multi-generational imagery,... like mothers and grandmothers and sons, that reflects the importance of family connection. We talk about same-gender-loving instead of lesbian or gay. If it's not effective, it's not going to be what the community needs or any element of what the community needs. And that may be very different depending on whether you're talking to the Asian Pacific Islander community ... or to the African-American or African descended communities or to the Latin communities.

Craig Washington, Atlanta Gay and Lesbian Center (ATL.): And certainly the terms "gay" and "lesbian" never really were as universally identifiable as we thought they were.... We actually nicknamed the center as "The Center" because we were positively inspired by the New York Center. It was also a way of acknowledging that there is no catch phrase or term that really quite describes or captures the multiple identities of the communities that we have....

L.A.: I think that's one of the great frustrations and limitations: the search for the word that provides the true umbrella for the community. Clearly we haven't landed on it yet, and we may never land on it. But I think that's the constant tension. We still have that push and pull between being as broad-based and all-welcoming as we can be and running the risk from time to time of closeting ourselves because we don't know what words are going to be appropriate or meaningful. That's just an ongoing tension. And one of the ways we've tried to address this in L.A. is that although we are called the Gay and Lesbian Center ... our mission is as broad as possible.... [I]t really serves the community in all of its aspects and all of its dynamics, regardless of sexual orientation or gender identity. So when we look at a particular program or particular materials we look at the client that we are serving. What is the demographic of that client? How can we best and most mean-

ingfully reach the client. The materials may range from the sort of young language, if you will, that embraces the word "queer," to language that talks about same-gender-loving women. Our bottom line is whatever is effective.

ATL.: We really have to strive to demonstrate inclusiveness around these different identities, even around physical ability, so that we're accessible to people that are hearing challenged. [There are] all sorts of ways that we have to think and re-think about how we can make this more of a home that is truly open to everyone.

How did the events of September 11 affect your scopes of work? Did anything alter within your organizations?

Richard Burns, LGBT Community Center in New York City (N.Y.): Well, in New York it certainly did. The center is on Thirteenth Street. Fourteenth Street was the dividing line. The city was blockaded across Fourteenth Street and so in the immediate aftermath it shut down the city. We stood out on Seventh Avenue and watched the building collapse. And then members of our mental health staff immediately provided emergency counseling on a drop-in basis to individuals and then group counseling in the month following the event. There's been an up tick in requests for counseling intervention in both in bereavement counseling and in general mental health services for at-risk people since September 11, and I think that's pretty consistent in the mental health sector of New York City. The center here in New York is home to sixty different twelve-step meetings each week, and attendance at those has increased, which I think you can take as an indication of the increased stress that people experienced. [There has also been] an increased [interest] in the whole issue of domestic partners ... and the issue of benefits for surviving partners of gay people who were lost in the tragedy.

And in the west?

L.A.: Certainly in Los Angeles the impacts have been largely around fund raising and how the recession has made fund raising more challenging. I think that people are rising to an incredible need and that definitely has had an impact on focus. I think that the recession certainly has had a greater impact in the west. The impact on social service organizations may be greater in the areas most closely impacted by September 11. It does create recognition about the need to support local organizations that provide services. It has definitely had an impact in terms of fund raising, but I think that is turning around. I think that was an issue for a specific window of time. I think the more enduring impact is one of reconnecting people to their community, and to the community institutions and organizations that are there to serve the community. People are talking in a way that reflects a much deeper connection and commitment to the organizations that they may [previously] have supported with [just] a check once a year. Now people are really talking about how can they volunteer, how can they get more engaged and involved.

Oren Slozberg, San Francisco LGBT Community Center (S.F.): I definitely share Gwenn's perspective on fund raising and the volunteering. One of the big issues out here when [United Airlines] Flight 93 came down was that [though] some of the people fighting back [on the flight] were gay and lesbian, it was ignored at the beginning of the whole media coverage that followed. There was a lot of talk ... among center people about that. It kind awakened their consciousness to the idea that we still are an invisible community, one that feels protected within the confines of San Francisco and definitely within the center....

ATL.: We got a number of calls from people in Atlanta who wanted to know if the center was going to do something in response to this. What we did was arrange a healing service that we convened with a number of LGBT spiritual leaders. It was a multi-faced service led by about six or seven different leaders.... We brought together people, in a place where people come for spiritually based healing, who otherwise don't usually connect. That was rewarding for us.

You all have been extremely generous with your time. I have one last question and that is, is there a single issue, as you look at 2002, that your respective centers and constituencies will take on?

L.A.: The Los Angeles center is launching a five-year strategic plan that is focuses on five key areas for growth and development. We've invested a lot, focusing on building really excellent health care services. We're now going to be make investments in a couple of other areas: homeless youth is one; supporting families with children is another; bringing the full multiculturalism of Los Angeles into all levels of decision-making—being able to advocate at all levels of decision more effectively. State, federal and local is the fourth and the last is organizational stewardship, doing the types of sometimes less than glamorous, but very important, [tasks of] strengthening our institutional foundation around our endowment and becoming as efficient and effective with every donor dollar as possible. That's what's happening at our place ... for the next five years, but next year is an important year to begin all that.

ATL.: One of the areas that we want to really develop and work around is our organizational stewardship, specifically amongst people

(continues on page 60)

OUT AND ABOUT *in the world*

by Marsha A. Martin

How about Barcelona this summer? Barcelona? Spain? Yes! So, you're wondering, Why should I go? Beside the fact that Barcelona is a great city, the XIV International Conference on HIV/AIDS, entitled "Knowledge and Commitment for Action," is being held there this summer from July 7 to 12, 2002. The conference is attended by scientists, clinicians, activists, community based organizations, government officials and people living with HIV/AIDS. This year's conference might be the largest ever—more than 14,000 people. Interesting people from all over the world will be there. You should attend and participate in the global conversation on HIV/AIDS.

Three years ago, thirty-three African-American AIDS advocates and directors of AIDS service organizations changed the focus of an experts' meeting in Atlanta, Georgia, demanding that the Centers for Disease Control declare a state of emergency on AIDS in the African-American community, thereby changing the conversation on HIV/AIDS in the U.S. Their actions led to meetings with the leadership of the Congressional Black Caucus and the creation of what is now called the Minority AIDS Initiative. (I attended that historic meeting—it was wonderful to see our folks "act-up"!) It would be spectacular if thirty-three *hundred* Africans and African-Americans could meet in Barcelona and do the same with the global conversation on AIDS. I can assure you that if thirty-three hundred black folks gathered in Barcelona for the conference this summer, our presence would be felt and our voices would be heard.

So think about it, discuss it with your friends, start saving your money and packing your bags for Europe. Don't forget to apply for or update your passport and travel papers. Just in case you were wondering, Spain legalized homosexuality among consenting adults in 1978, and in November 1995, the Congress of Deputies and Senate of Spain banned discrimination based on sexual orientation.

Barcelona, Spain, is a great city to visit at any time. Wedged between the mountains and the sea, Barcelona is Spain's second largest city and its most cosmopolitan. It is filled with landmark buildings,

world-class museums, and great restaurants that open at eight in the evening, serve their first meal at nine at night and close their kitchens around eleven-thirty. With its all night drinking and dancing, and the most famous promenade in the world, Las Ramblas, it is truly the city that "never sleeps."

Barcelona is the capital of Catalonia and sits in the northeast corner of the country, near the Mediterranean. The Mediterranean island hot spots of Majorca, Minorca and Ibiza are a half-hour plane ride away. On a clear day in Barcelona you can see the mountains of Majorca. Within an hour's drive of Barcelona you will discover Sitges, Spain's gay resort town where, in the summer, the parties never end; Montserrat, the monastic home of Catalonia's patron saint La Moreneta, "the Black Virgin;" and the vineyards of Penedés, home to sixty-six producers of cava, the Catalan champagne.

My list of things to do begins with a late afternoon stroll on Las Ramblas, beginning at Plaça de Catalunya, stopping to watch the "living statues" and enjoying an espresso at Café Vienna, a gelato at Dino's or some fruit or a light meal at the Mercat de la Boquería, where vendors sell their wares until nine at night. A combination of Times Square, Christopher Street and pedestrian street fair, Plaça de Catalunya and Las Ramblas are the center of life in Barcelona. At the end of Las Ramblas is Barcelona's harbor with a statue of a very tired Christopher Columbus pointing in the direction of the Americas. Inside the statue is an elevator that will take you to some spectacular views of Barcelona and its environs.

On another day you may want to visit Barceloneta, the old fishing district of narrow streets and great seafood restaurants. Try Can Amajo for great paella and tomato bread, two Barcelona staples. After dinner, walk the beach to Port Olímpico for some all-night partying with about 25,000 other insomniacs or stroll Passeig de Colom to Maremagnum—the Fanueil Hall marketplace of Barcelona where 20,000 people will be partying. (A little note: the metro stops running after 11:00p.m., 1:00a.m. on weekends and holidays.)

Barcelona abounds with great museums (Museu Picasso, Fundació Joan Miró), parks (Parc Güell, Parc de la Ciutadella) and places of architectural wonder (La Sagrada Família, Gran Teatre del Liceu, Casa Milà, Catedral de Barcelona). Salvador Dalí's museum is just up the road from Barcelona in Figueras. He spent his last years on the coast in the wonderful village of Cadaqués.

With many neighborhoods and distinct communities, Barcelona is a great city for strolling and exploring. There is the Barri Gòtic, Born, Eixample, Tibidabo, and Montjuïc, and Sarrià. Each of these neighborhoods has squares with fountains, markets, cafes, places and faces to explore and get to know. When you tire of walking, the public transportation system is great: it runs on a schedule, it's clean and inexpensive. Consider a ten-ride pass, available for one or a combination of public transportation (metro, bus and train). The metro pass averages out to about sixty cents a ride.

Some of my favorite spots for food include: **St. Remy de Provence** in Sarrià for great Spanish/French food; **Little Italy** in the Born for wonderful Spanish fusion food and jazz; **Aqua** near Port Olímpico for great views and fun food; **Bilbao** across from the Cathedral for tapas and any **Dino's** for gelato. And for the—fast food fix—Barcelona does have McDonald's, Kentucky Fried Chicken, Pizza Hut, Burger King and even Dunkin' Donuts. However, if you must have fast food, try **Bocatta** for a great Spanish fast food sandwich on a baguette with fries. Of special note: most of the restaurants and cafes offer a fixed price three course midday meal for roughly $6 to $7. Evening meals with dessert and beverages might average $15 to $20 per person. (Prices in Barcelona are reasonable.) Leave time to eat, Spain still enjoys the splendor of the afternoon siesta and three-hour meals.

One last note. Get a good tour book and try to learn a bit of Spanish. Even a few words of Catalan would be appreciated. The first word is Spanish (Castilian), the second is Catalan. **Hello**—*¡Hola!|Hola!* *Buenos días|Bon dia*. **Please**—*Por favor|Sisplau*. **Thank you**—*Gracias|Gràcies*. **Yes**—*Sí|Sí*. See you in Barcelona. *¡Adiós!|Adéu!*

Fighting the War Against HIV
your battle signs

by Henry L. Masters, III, M.D.

If you're HIV positive, fighting the HIV virus may be the biggest battle you've ever been in. You should definitely treat it that way, because your life may depend on it. New drugs and treatment strategies are helping more and more people win this war. Make no mistake though—the HIV virus is a tough opponent. It behaves in clever ways that allow it to evade detection by your body's defenses or "immune system."

HIV

An Invading Army

Here's an analogy I use to help my patients understand their HIV infection: imagine that HIV is an invading army trying to overwhelm and destroy your body's defenses. If that happens, you can catch infections from germs that constantly surround you and that you can't completely escape, but that you would be able to fight off if you had a healthy immune system.

To successfully fight any war against a cunning opponent, it helps to collect information on the strength and activities of the enemy forces. This is just as true in your battle against HIV. Because HIV is a lifelong disease, regular lab tests show us how your disease is progressing, how it's responding to the drugs you're taking, and whether any of these drugs are harming you.

We track two things over time: the level of HIV in your blood (called your "viral load") and the strength of your body's immune system (called your "T-cell count" or "CD4 count"). These two tests show us how you're doing in your war against HIV.

VIRAL LOAD

The Enemy Army's Strength

The viral load test measures how strong the enemy army is. One goal of HIV treatment is to try to get the offensive army's troop strength—or your viral load—down to an undetectable level. Most laboratories now report an "undetectable" viral load as being less than 50 copies in a very small volume (one milliliter) of blood. Viral load levels can reach over 1,000,000 copies per milliliter. That's a lot of virus, and it means you're facing a very large enemy army. Many health care providers recommend starting HIV treatment when viral load hits 55,000, but this varies depending on a person's individual circumstances. Because the HIV virus can develop resistance to medications—especially when you don't take your medications the way you're supposed to—it's not always possible to get the virus down to undetectable levels. Sometimes we have to be satisfied with getting it as low as possible.

T-CELL COUNT

Strength of Your Defenses

The T-cell count measures the strength of your body's defensive troops. A T-cell count between 600 and 1,000 is normal. In very advanced HIV disease, the T-cell count can fall as low as zero. Most people do well as long as their T-cell count remains above 350. If it falls below 200, your defense system has substantially weakened and you have a greater chance of catching a life-threatening infection. Because HIV targets T-cells for destruction, knocking down the virus with HIV medications usually helps to increase a person's T-cell count. This can help to build back up a weakened defense system over time.

Winning the War

Keep track of how you're doing in your war. If your viral load is rising and your T-cell count is falling, these are troubling signs. You may need to either start taking HIV medications, or change the ones you're already taking. On the other hand, if we see your viral load quickly falling after you start taking HIV medications, this helps confirm that they're starting to work.

Just remember that the higher your T-cell count and the lower your viral load, the better. Stick with it and hopefully you'll find yourself one of those people winning the war against HIV!

Dr. Masters is a Los Angeles-based physician who has specialized in caring for people with HIV for over fifteen years.

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INVESTING THROUGH DIFFERENT LIFE STAGES

Investing is a lifelong process. The first part of a long-term investment strategy is a disciplined saving habit. Regardless of whether you are saving for retirement, a new house, or just that extravagant dining room set, you will need to develop strict savings habits. Regular contributions to a savings investment account, such as your retirement savings plan, are often the most productive.

Once you have started saving on a regular basis, you'll soon have to decide how to invest the money you are saving. Regardless of your stage of life, you will have to consider your financial needs and tolerance for risk.

How Time Can Affect Your Risk Tolerance

All investing involves a certain amount of risk. How well you tolerate price fluctuations in your investment portfolio will need to be balanced against your required rate of return in determining the amount of risk you can bear. An offsetting factor to risk is time. If you have a long investment time horizon, you will probably be able to tolerate more risk because you have time to make up any losses you may experience early on. For a shorter-term investment, such as saving to buy a house, you probably want to take on less risk and have more liquidity in your investments.

Strategies for Eight Common Life Events

Everyone lives their lives differently, and everyone has complicated emotions about money, so investment decisions are highly personal and unique to each individual. Nonetheless, throughout their lives, most investors face some similar situations. Where are you in the cycle? How close you are to retirement certainly affects how you invest your retirement money, but what about other life stages that aren't so closely related to age?

Let's say you are forty and just now having your first child. You will need to decide how to balance your financial situation to account for the additional expenses. Perhaps you need to supplement your income with income-producing investments. And don't forget that your child will be finishing up college right around the time you may be ready to retire. In this situation, your financial needs most certainly will change, and maybe your risk tolerance as well.

The following are examples of common life events and some things you might consider when making investment decisions at that time.

When you get your first "real" job:

- Start a savings account to build a cash reserve.
- Start a retirement fund and make regular monthly contributions, no matter how small.

When you get married:

- Re-determine your investment contributions and allocations taking into account your combined income and expenses.

When you want to buy your first house:

- Consider investing some of your non-retirement savings in a short-term investment specifically to help fund your down payment and pay closing and moving costs.

When you have a baby:

- Increase your cash reserves.
- Increase your life insurance.
- Start a college fund.

When you change jobs:

- Review your investment strategy and asset allocation to accommodate a new salary and a different benefits package.
- Consider your distribution options for your company's retirement savings or pension plan. You may want to roll money over into a new plan or IRA

When your children have all moved out of the house:

- Boost your retirement-savings contributions.

When you reach fifty-five:

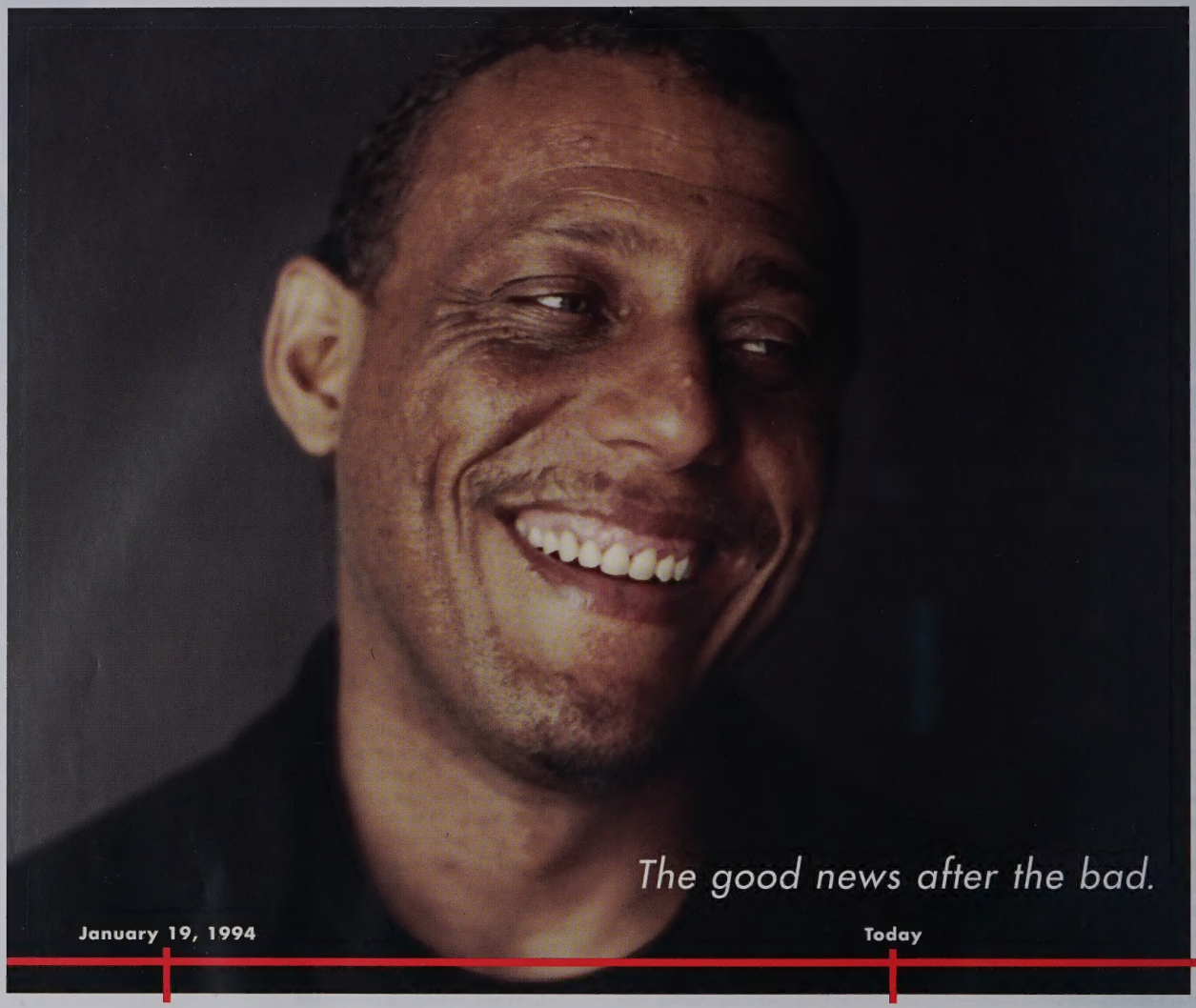
- Review your retirement fund asset allocation to accommodate the shorter time frame for your investments.
- Continue saving for retirement.

When you retire:

- Study carefully the options you may have for taking money from your company retirement plan. Discuss your alternatives with your financial representative.
- Review your combined potential income after retirement and reallocate your investments to provide the income you need while still providing for some growth in capital to help beat inflation and fund your later years.

Denise L. Liggett
Registered Representative of AXA Advisors, LLC and
Agent of The Equitable Life Assurance Society of the United States

GE-99-98 (Revised 4/00)



Jon diagnosed HIV-positive.

When Jon learned he was HIV-positive, he felt like his life had been wiped out. Thanks to the expert care provided by AIDS Healthcare Foundation, the only wipe-outs he faces now are on his surfboard.

At AHF Healthcare Centers, we specialize in cutting-edge HIV treatment. It's all we do. And our services are available to anyone, regardless of your ability to pay.

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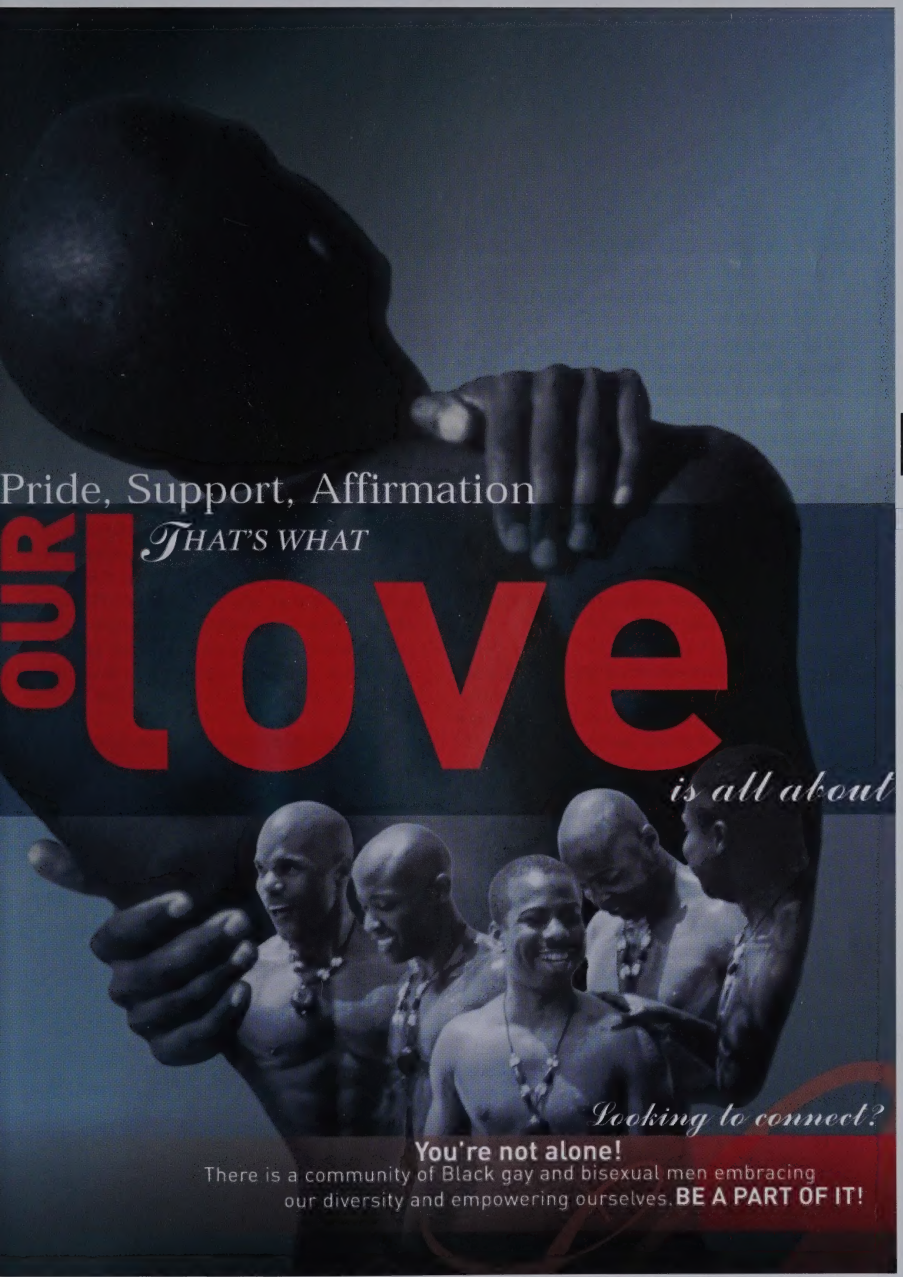
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is all about
Looking to connect?
You're not alone!
There is a community of Black gay and bisexual men embracing
our diversity and empowering ourselves. BE A PART OF IT!

OUR LOVE

STOP AIDS PROJECT

OUR LOVE is the black men's program of the STOP AIDS Project

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BLACK LIKE THIS
An urban art symposium for black men
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BLACK LIKE THIS

AN OPEN MIC EXPERIENCE
A FREE MONTHLY URBAN ART SYMPOSIUM FOR BLACK MEN
co-sponsored by Theater Rhinoceros

Monday, April 1, 2002
7pm – 10pm at Theater Rhinoceros, 2926 16th Street
(between Mission and South Van Ness, San Francisco)

Come share your story...art... music...dance...
hip-hop...rap...voice...poetry...drag...
performance art...beautiful spirit...celebration...

Black Like This is a forum for black men to inspire, challenge and share their experiences with each other. Its goal is to unify the Black gay/bisexual community through art and artistic expressions.

(Executive Direction, from page 53)

of color organizations. It is ... a challenge just not to be heterosexual in the south, period, much less to build communities and organizations around it. Then there are the challenges that people of color face.... We want to help support people of color organizations. We are still very much in the developing phase of our evolution, but that is definitely a goal. Another [goal] is to build more bridges with our allies. We participate in the Martin Luther King, Jr. march and other social justice events to help build more coalitions between LGBT folks and our straight allies.

N.Y.: I think that Gwenn highlighted many of the issues that will be facing all of the queer community centers across the country. What I would add is that we all spend a lot of time explaining to the straight world how diverse our communities are. That is true also around issues of class. With the declining economy and the so-called fruits of welfare reform coming of age in 2002, we are all going to be faced with an increased demand for services for our people who are in economic crisis, who see an end to the social safety net such as it has been. As our resources are further squeezed we're going to have to step up to the plate and meet the needs of our people in crisis. That is one challenge ... for all centers all across the country. The other opportunity that we'll see here in New York, and I imagine many other centers will as well, [is that] here in New York City about half of the population was not born in the United States. We have a very, very rich and vibrant global community right here in New York. Many members of immigrant communities come from cultures where organized gay communities have not existed so openly. Over time, many immigrant communities are going to develop gay communities. Our institutions must prepare to embrace and meet the needs of these new queer Americans.

S.F.: The priority for the first year is to get the building open.... One of the focuses that we're starting to work on, with the Human Rights Commission and the City of San Francisco, is economic development within the queer community. [We'll be] looking at ... the economic situation of all the different aspects of our different communities and doing some kind of assessment to see what role the center and our non-profit community partners will play in that.... It's a unique opportunity to set the culture [of the center] from the beginning. And we're setting it with a lot of different partners so we can make a place that is culturally relevant for a lot of different communities. Looking at all the different aspects of the service we provide, from the beginning, so that they're open to all the different communities....

Excellent. Thank you so much for talking with ARISE Magazine.

(Young People On The Move, from page 14)
loving ... I can be active if I am silent. I can be active if I am willing to ignore the smart remarks and nasty gestures. I can be active if I am willing to ignore you ignoring me."

In addition to having a dynamic theatrical résumé, at the time, Marcus was a candidate for Homecoming King at UNC-Chapel Hill. He has been an active member of the Black Student Movement on campus and the artistic director for Ebony Readers/Onyx Theater. Marcus also started an organization for LGBT students of color on campus who were being underserved by the mainstream LGBT organizations. I empathize with Marcus's primary struggle, coming out in a southern Baptist family in Halifax, North Carolina, to create change in the larger African-American community. His is a path I walked when I left Taylor, Arkansas, for college at seventeen. Our rural experience serves as the foundation for empathy, guidance and support. He is truly a young man who will go far in the world.

Juba Kalamka
http://sugartruck.tripod.com/
It was in cyberspace, through the listserve AfroFuturism, that Juba became acquainted with my friends Mendi and Keith Obadike. On a site claiming perhaps the most progressive and futuristic opinions of the black intelligentsia, the occasions to queer conversation can lead to some pretty amazing alliances. Juba, for example, did not know about my relationship to Keith and Mendi. Most of you probably know Juba through his presence as one of the founding members of our rap group, Deep Dickollective. In an effort to generate a space where LGBT musicians can create without the demand that they remain closeted, Juba created the Sugartruck label. As the more comprehensive site for D/DC and related projects, Sugartruck hosts a page linking a number of mainstream press articles about the group. One of the site's pages, "Deep Dic Dialogues," features a provocative conversation between the hip-hop nationalist Jamal Crawford and Juba Kalamka about homosexuals in hip-hop. It is followed by a heated conversation between yours truly and a member of *gayhiphop.com* who made the ridiculous insinuation that hip-hop was colorblind and had nothing to do with race. Documenting these dialogues is Juba's way of tracking important history in the making. A young, openly bisexual father of an amazingly talented five-year-old son, Beji, Juba's primary impetus for creating avenues like Sugartruck is to highlight the underacknowledged work of young black LGBT folk looking for spaces to create music that truly reflects the diverse lives of black folk.

Hanifah Walidah
http://www.trustlife.net,
http://www.fyadesign.com
Hanifah is a self-described singer, songwriter, emcee, writer, critical thinker, actress, playwright, poet, visual artist, web designer, giggle monster, androgynous woman, sucka lovah, language hooker, and good witch. I first became acquainted with Hanifah through her dynamic work as an emcee/poet with the world-renowned acid jazz collective, Brooklyn Funk Essentials (BFE). As Sha-Key of BFE, her voice stood out as one with a keen sense of awareness about black peoples and the ways that we move through the world. Hanifah relocated from New York to the Bay Area, deepened her interest in web design, and developed Follow Your Art Design: *fyadesign.com*. We met through a performance paying homage to the Harlem Renaissance at the National Black Lesbian and Gay Leadership Forum, which was hosted in Oakland in February 2001.

Her site, *trustlife.net*, was built to act as a conduit between Hanifah Walidah's thoughts and the world. Among the notable things at *trustlife.net* is a collection of commentary called "The CrookedLetter." Initially conceptualized as a seasonal performance bringing together many of the artists featured in this month's Next Generation, "The CrookedLetter" is Hanifah's collection of writing, essays, letters, poems, lyrics, commentary and structured thoughts about black queer "Getyo experience." A seasoned vocalist and web designer, her site features her photography, audio, as well as updates on upcoming shows, press, and works in progress.

Matthew
Though also a part of the monumental Crooked-Letters show in Oakland in November 2001, it was while preparing for an international gay hip-hop festival at East Bay Pride in August that I first heard the beautiful and alluring voice of a siren named Matthew. His rendition of George Benson's "This Masquerade" stopped me dead in my tracks. Matthew is a twenty-eight-year-old, D.C.-born, classically trained vocalist who studied at Duke Ellington School of the Arts before creating his own record label, *dangerousarts.com*, in 1996. He attended the New School in New York City and studied performance and voice. During his studies he performed in various Manhattan nightclubs and also worked with an independent label specializing in house music. In 2000 Matthew moved to San Francisco to continue his career on a larger level and recorded an acoustic album. Our lives have followed similar trajectories, both of us having studied at The New School and then moved to the Bay Area.

Matthew's inspirations range from Stevie Wonder to Joni Mitchell. His voice avoids the cliché trappings of many other neo-soul artists. He doesn't sound like anyone else, and trust me, that's a very good thing. In 2001 Matthew released his first full-length CD, *A Perfect Life*, which is an analysis of his life, relationships and the world around him. His video "A Perfect Life" was picked up by AOL/Time Warner and can be viewed on his site. His work candidly reflects many of the struggles of growing up gay in the world. *DangerousArts.com* gives Matthew a platform to present his artistry and to voice his opinions on a variety of topics. The "news" section on the site is a generous view into Matthew's journal; you get first-hand, gut-responses to everything from September 11 to Colin Powell's controversial advocacy of condom use. The site also allows Matthew to distribute his music and videos directly to his audience without relying on traditional distribution methods. When asked what lies ahead for him, Matthew said, "Another video, a new album, more HIV/AIDS activism, I hope, by the end of the year, a book."

Juba Kalamka photo by Kaya Nati
Matthew photo by Andy Bosselman

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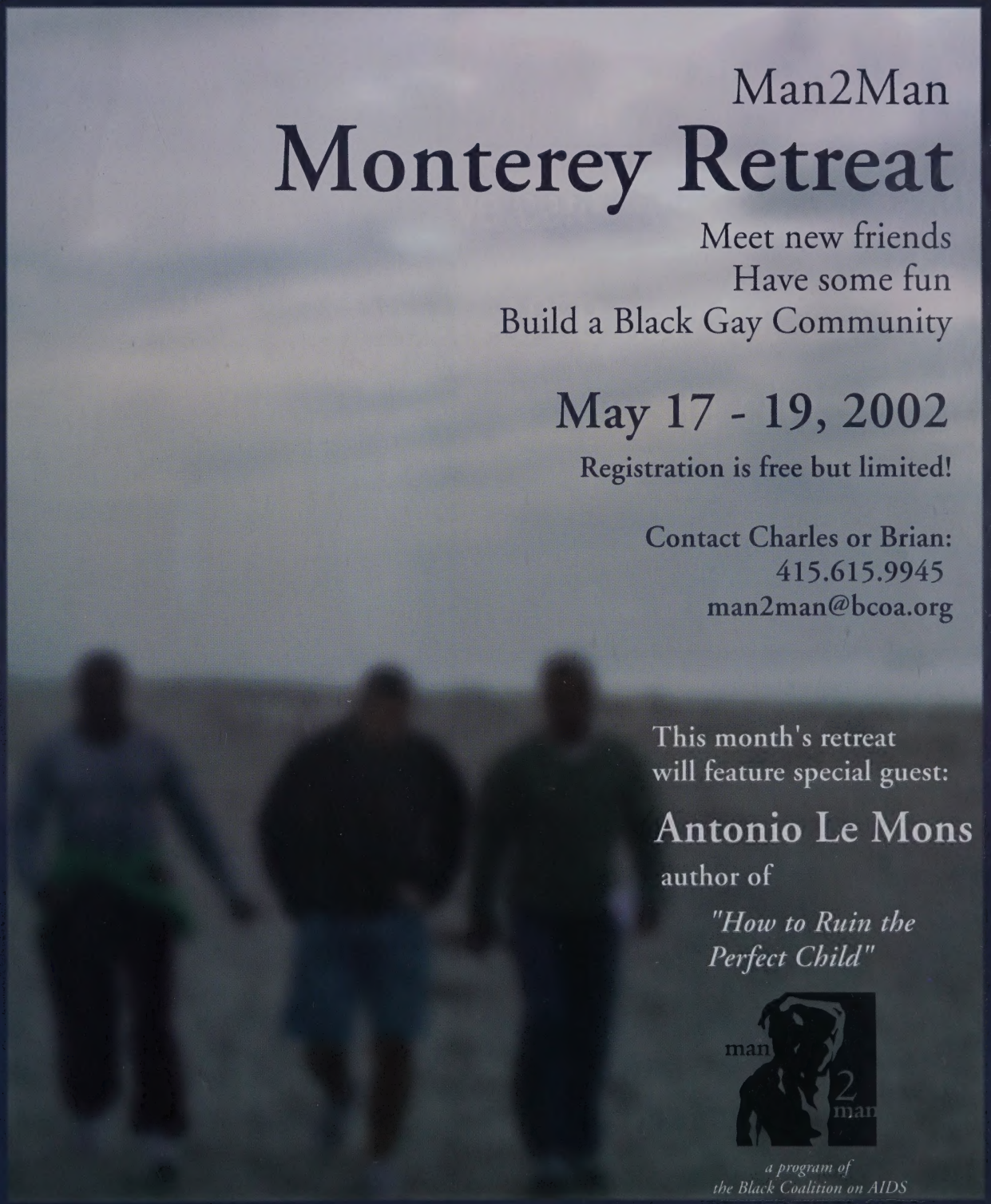

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a program of
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Bitter Sweeet
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No sugar, no crème
A Bordeaux, a rich merlot

A grand exhibition displayed
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Permitting access and welcoming the manifestation of emotions unveiled.

Making evident all it has to offer fresh, new, with no past.
A concealed treasure revealed,
With just cause, intent and purpose.
For the pleasure of my flame
To taste and explore, joining tongue and groove.

Soft sensual pillows of velvet & silken satin with
Juuuust enough cush to give tension her due
Finding comfort in the caress.

Ahhh the vapors.....
Permeating a soothing space where life is richly cultivated and brought into existence.
Evolving the supernatural, charms & spells

NO RITUAL, ON THE CONTRARY MAAAGIC !
Déjà vu? A familiarity so lovely and free..... *No risk*

Without hesitation, reservations or delay.
I take possession..... *No Denial*

A delicate passage pleasing to all senses.....*Aroused*

Dark chocolate and subtle pink,
Undulating billows of *Blacksweet* passion.....*fruit.*
A mixture of pleasure and pain.....*Bitterroot.*
Intense joy in my delight.

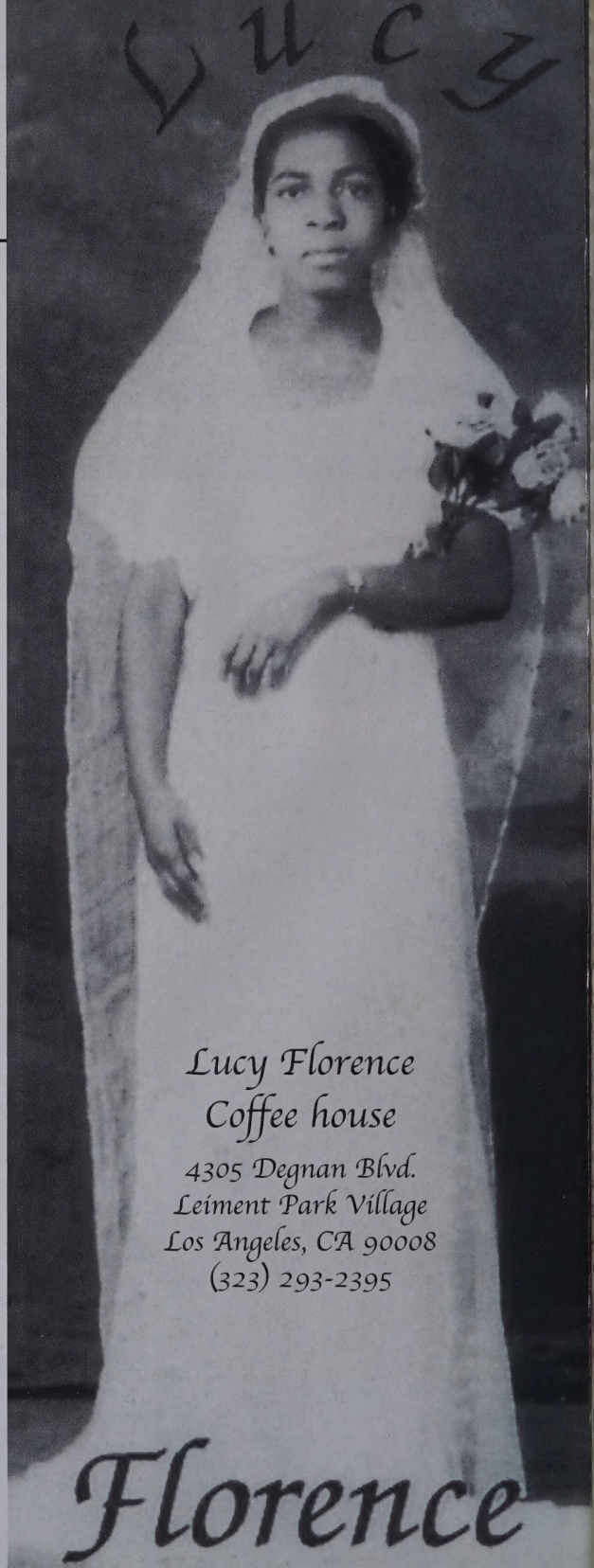
Bitter Sweeet
Black Root
Sugar coated and cream filled
Saturated honey dip.... Mmmmm

I partake in this physical, mental and spiritual experience
That now constitutes our existence.....*Life*
Given my portion of these essential elements shared

All has been rectified
A meeting of the minds marked by the absence of the spoken word..... *No criticism*
Joined in the spirit impressed upon by the presence of our love.

These things ventured, all has been gained

"Pearls of Wisdom" features verse from our sisters. ARISE welcomes your submissions of poetry. Please email them to *arise@arisemag.com.*



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- Butterfly Project
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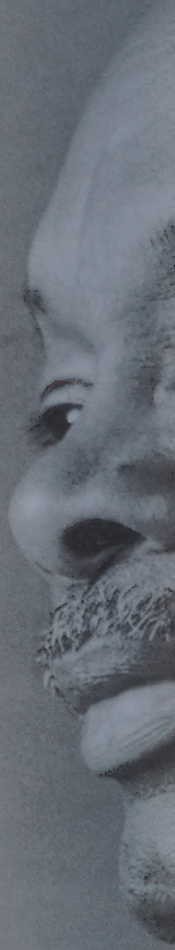

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Because it saves future options. When choosing a treatment plan, it's important to consider what options you will have in the future. Studies show taking VIRACEPT early on leaves you with choices in treatment for later. Ask your doctor about your future with VIRACEPT.

VIRACEPT®
nelfinavir mesylate
tablets and oral powder

VIRACEPT is indicated in combination with other antiretroviral agents for the treatment of HIV infection. The most common side effect of VIRACEPT is diarrhea, which can usually be controlled with over-the-counter treatments. Some prescription and non-prescription drugs and supplements should not be taken with VIRACEPT, so talk to your doctor first. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, changes in body fat, and increased bleeding in hemophiliacs. **HIV drugs do not cure HIV infection or prevent you from spreading the virus.**

Refer to the important information on the next page. For more information, call toll free 1-888-VIRACEPT or visit www.viracept.com.

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Agouron Pharmaceuticals, Inc.
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VIRACEPT®

(nelfinavir mesylate)

Tablets and Oral Powder

Information for Patients

about VIRACEPT® (Vi-ra-cept)

Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

Alert: Find out about medicines that should NOT be taken with VIRACEPT. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH VIRACEPT".

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in combination with other antiretroviral drugs in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. Although VIRACEPT is not a cure for HIV or AIDS, VIRACEPT can help reduce your risk for death and illness associated with HIV. Patients who took VIRACEPT also had significant increases in the number of CD4 cell count.

VIRACEPT should be taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

Changes in body fat have been seen in some patients taking protease inhibitors. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the face, legs and arms may also happen. The cause and long-term health effects of these conditions are not known at this time.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Medicines you should not take with VIRACEPT:

Propulsid® (cisapride, for heartburn)

Cordarone® (amiodarone, for irregular heartbeat)

Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others

Ergot derivatives (Cafergot® and others, for migraine headache)

Halcion® (triazolam)

Versed® (midazolam)

Mevacor® (lovastatin, for cholesterol lowering)

Zocor® (simvastatin, for cholesterol lowering)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.

Rifampin® (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®
This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with: Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

Special considerations

Before you take Viagra® (sildenafil) with VIRACEPT, talk to your doctor about possible drug interactions and side effects. If you take Viagra and VIRACEPT together, you may be at increased risk of side effects of Viagra such as low blood pressure, visual changes, and penile erection lasting more than 4 hours. If an erection lasts longer than 4 hours, you should seek immediate medical assistance to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

It is not recommended to take VIRACEPT with the cholesterol-lowering drugs Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible drug interactions. There is also an increased risk of drug interactions between VIRACEPT and Lipitor® (atorvastatin) and Baycol® (cerivastatin); talk to your doctor before you take either of these cholesterol reducing drugs with VIRACEPT.

Taking St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort with VIRACEPT is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease VIRACEPT levels and lead to increased viral load and possible resistance to VIRACEPT or cross resistance to other antiretroviral drugs.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

Retrovir (zidovudine, AZT)

Epivir (lamivudine, 3TC)

Zerit (stavudine, d4T)

Videx® (didanosine, ddI)

If you are taking both Videx (ddI) and VIRACEPT:
Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

Viramune® (nevirapine)

The amount of VIRACEPT in your blood is unchanged. A dose adjustment is not needed when VIRACEPT is used with Viramune.

Sustiva™ (efavirenz)

The amount of VIRACEPT in your blood may be increased. A dose adjustment is not needed when VIRACEPT is used with Sustiva.

Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

Crixivan® (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Norvir™ (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Invirase® (saquinavir)

The amount of saquinavir in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 15-20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily or 1250 mg (five tablets) two times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include nausea, gas and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. Your doctor may prescribe the light blue VIRACEPT Tablets either as 1250 mg (five tablets) taken two times a day or as 750 mg (three tablets) taken three times a day. VIRACEPT should always be taken with a meal or a light snack. VIRACEPT tablets are film-coated to help make the tablets easier to swallow.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, If you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 1250 mg (five tablets) taken two times a day or 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 to 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight		Number of Level Scoops*	Number of Level Teaspoons†	Number of Tablets
Kg	Lb			
7 to <8.5	15.5 to <18.5	4	1	—
8.5 to <10.5	18.5 to <23	5	1 1/4	—
10.5 to <12	23 to <26.5	6	1 1/2	—
12 to <14	26.5 to <31	7	1 3/4	—
14 to <16	31 to <35	8	2	—
16 to <18	35 to <39.5	9	2 1/4	—
18 to <23	39.5 to <50.5	10	2 1/2	2
≥23	≥50.5	15	3 3/4	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59°F and 86°F) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

Call 1.888.VIRACEPT

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Rev. 01/25/0

SACRAFICE

by Audre Lorde

The only hungers left
are the hungers allowed us.

By the light of our sacred street lamps
by whatever maps we are sworn to follow
pleasure will betray us
unless we do what we must do
without
wanting to do it
feel the enemy stone give way in retreat
without pleasure of satisfaction
we look the other way
as our dreams come true
as our bloody hands move over history
writing
we have come
we have done
what we came to do

Pulling down the statues of rock from their high places
we must level the expectation
upon which they stand
waiting for us
to fulfill their image
waiting
for our feet to replace them

Unless we refuse to sleep
even one night in houses of marble
the sight of our children's false pleasure
will undo us
for our children have grown
in the shadow of what was
the shape of marble
between their eyes and the sun
but we do not wish to stand
like great marble statues
between our children's eyes
and their sun.

Learning all
we can use
only what is vital
The only sacrifice of worth
is the sacrifice of desire.

ART

APPAREL

"CLASSIC CITY STYLE"

DSM is not just a store but is also a boutique experience with the ambiance of a comfortable hangout. Black leather armchairs flank a Chinese chessboard near the window – three or four people a day come in to play chess with Titus. A fabulous hand-painted chess set from South Africa is prominently displayed. Paintings of jazzmen line the walls. Music plays and the CDs are for sale.

ACCESSORIES

designed by Mike Whiteside for Arise Communications

DSM
DEEP SOLE MEN

634 Grand Avenue, 1st Floor, Oakland, CA 94610
Telephone 510.835.SOLE (7653) Fax 510.835.3760
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Art by Bryan Keith Thomas

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Gye Nyame is an Akan symbol that represents the omnipotence and the omnipresence of God and originates from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.

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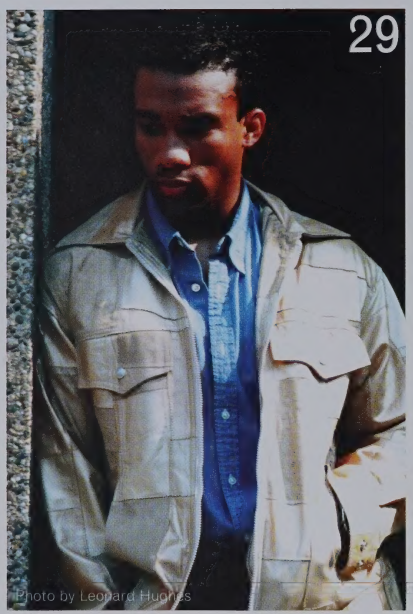

Photo by Leonard Hughes

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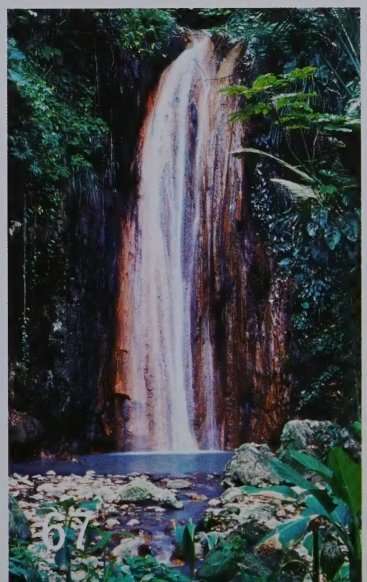
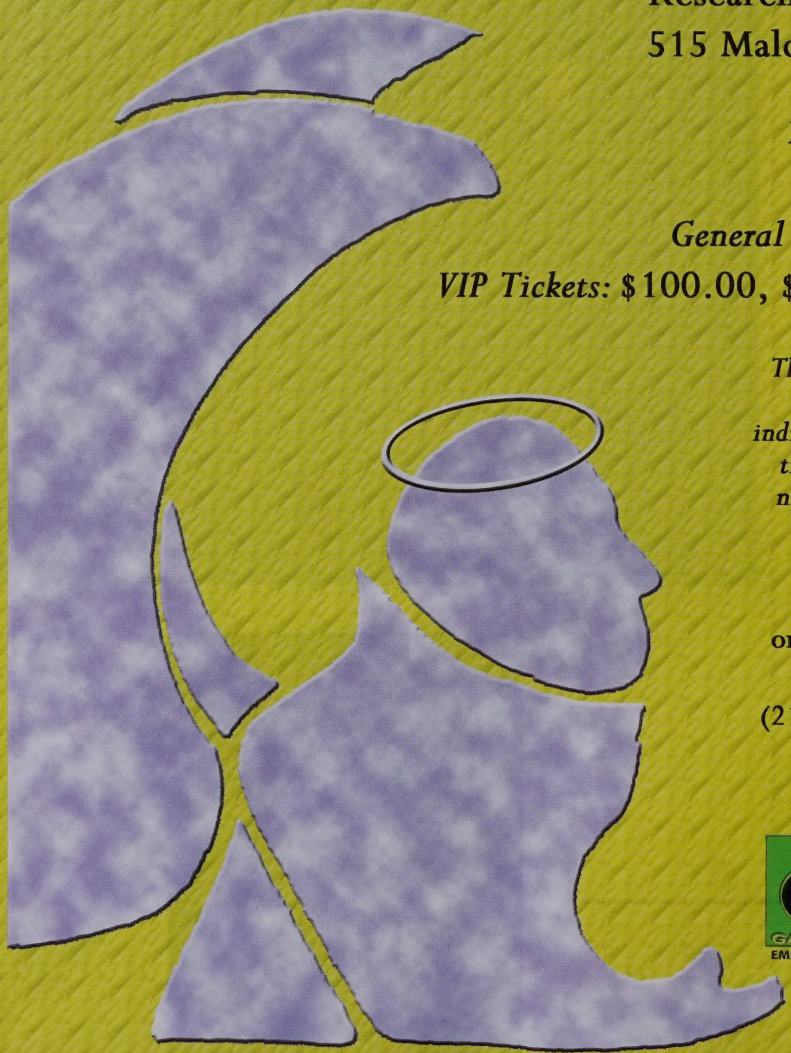


The 2002 Charles Angel Awards

Benefiting *Gay Men of African Descent*

Wednesday, December 4, 2002
at The Schomburg Center for
Research in Black Culture
515 Malcolm X Boulevard
(at 135th Street)

Reception: 6:30pm
Program: 8:00pm
General Admission: $50.00
VIP Tickets: $100.00, $250.00, $500.00



The Charles Angel Award *is given in recognition of individuals and/or organizations that have made a significant contribution to the Black, gay community.*

To purchase tickets,
or for more information,
call Earl Plante at
(212) 828-1697, Ext. 129
or eplante@gmad.org

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Fresh Images

Congratulations on the feature entitled "Images of Home – the photography of Katharina Williams", July 2002. What I particularly appreciated was the fact that this sister captured on film images of lesbians and gays living in Namibia. All to often we hear that homosexuality is of European creation and despite how ridiculous this seems some people are incline to believe this myth. Once again ARISE you have gone outside the boundaries to demonstrate our presence everywhere in this world.

Thank you,
Jeannette Graham
Dallas, TX

Gay Somalis – QANIISIIN

ARISE, I am always moved to pick up an issue of your magazine. Your recent article on gay life in Somalia was so informative. It may me realize how fortunate we are to be in the United States but more importantly it also may me think of how we can be stronger allies to our brothers and sisters abroad.

Malcolm Johnson
New York, NY

KUDOS –

Joy comes in the morning. I just wanted to take the opportunity to thank you for such a wonderful magazine. It truly took a visionary to come up with something that is as intellectually stimulating and as visually pleasing to the eye as ARISE. You have definitely taken this African-American gay male to a new high. Having been out for a rather long time and experiencing magazines and journals as far back as BLK, BGM, BLACKOUT and SBC, yours has definitely brought us into the 21st century.

RON

We have marginalized ourselves, because we don't voteDWe did that to ourselves by not participating
leaving public policy without much input from minority voi
Cynthia McKin
Congresswor

Let all doubt be removed. Black LGBT/SGL have the ability to effect profound change through our collective political and social power. When people come together in unity there can only be one outcome; radical change. With unity, we can literally move mountains.

The question before us is what will we do with the power available to us as individuals, and a nation of communities?

When ballots continue to be "lost" (Shame on you Florida), we see the need for our presence at the polls has not diminished over the years, but instead has grown exponentially to preserve the legacy of the civil rights movement.

The stage has already been set for the 2004 presidential elections with essentially twelve congressional seats at stake in this year's election. ARISE encourages each and every reader, to participate in our democratic process by voting in this years election.

Cast your **VOTE** on Tuesday, November 5, 2002.

Subsequently, may we suggest that every pride event organizer, club owner, event promoter, conference coordinator assist in voter registration between now and 2004. As the adage goes, "If not us, who; if not now, when?"

There should never be another event operated under the banner of sexual diversity and t freedom of sexual expression that does not support participation in the political process

We can and we must make a difference, lest we fall into the noxious slumber of ignoran and victimhood. Life teaches us that everything in life has its own rhythm and voice. Bu no one can articulate our passion for us. That is our right and our responsibility.

So then, let us move forward with audacity, boldness and purpose to make our voices heard from the north to the south, the east to the west in a resounding chorus of unity. this way, we will know that we have honored those who have gone before us and made ready the way for those that will surely follow.

Vote! Feel the Power

MacArthur H. Flournoy
Publisher

Glenn Alexander
Publisher

World AIDS Day
December 1, 2002

We must remember.
For as long as it takes.

Abbott Virology
From Research to Reality

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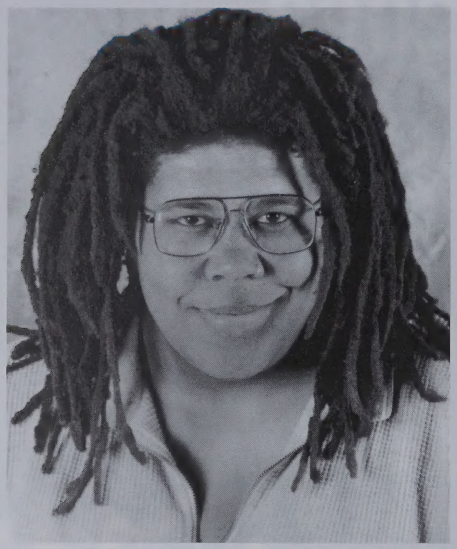
feature's editor letter



It's November and we are firmly ensconced in fall, and headed towards winter. November is election month, so quite naturally Arise focuses this issue on politics. Most states will have gener elections on the first Tuesday, November 5th. Although now it seems ages ago, two years ago was the Presidential showdown between now President Bush and Al Gore. Florida proved the pivotal state and one year later the ballot woes continue with the 2002 gubernatorial elections. I mean, how difficult is it to count ballots?

As we round the corner to the 2004 Presidential race, I find myself more and more drawn to Al in 2004. Sharpton, that is, not Gore. Yes, the former James Brown wannabe has transformed himself from a former raving lunatic who was the bane of existence to many so-called liberal African Americans, to a well dressed, articulate, politically astute moderate Democrat. Even the esteemed intellectual Professor Charles Ogletree hopped on the Sharpton for President bandwagon and is heading up the exploratory team.

Ballot initiatives around civil rights and liberties for gay people are abundant, unfortunately most of them se to limit our rights, not give us equal rights. But on a positive note, the New York Times is now listing gay commitment ceremonies.

The month begins with elections and ironically Ramadan with Veteran's Day in the middle and closing out with Thanksgiving and Hanukkah. To that end in addition to our regular columns, we focus on some key fo involved in electoral politics. One Black Republican, Samuel J. Wallace, a Bush appointee, who heads up the Federal Salary Commission, which recommends wage increases for federal employees.

Dr. Julianne Malveuax is the premiere authority on politics and the economy and is omnipresent on televisio and radio. And finally, Corretta Scott King, a prominent figure influencing politics for decades, is still prominent on a national scale. For a long time we bought the line that anyone involved with the Black chur was homophobic. Ms. King shatters that myth and speaks about how her late husband's words were used inaccurately to support homophobia in a recent Florida election.

And on the lighter side of course we have fashion, art, and literature. Enjoy the moment and don't worry about the number of shopping days left before that big December holiday.

Akilah Monifa

VIOLENCE:
DRIVEN BY HATE

By

MacArthur H. Flournoy

[1]Today there is no longer a choice between violence and nonviolence. It is either nonviolence or nonexistence. I feel that we've got to look at this total thing anew and recognize that we must live together. That the whole world now it is one--not only geographically but it has to become one in terms of brotherly concern. Whether we live in America or Asia or Africa we are all tied in a single garment of destiny and whatever effects one directly, effects one in-directly.

The Rev. Dr. Martin Luther King
civil rights leader

[2]"Arnold Toynbee talks about the creative minority and I think more and more we must have in our world that creative minority that will take a stand for that which conscience tells them is right, even though it brings about criticism and misunderstanding and even abuse."

The Rev. Dr. Martin Luther King
civil rights leader

Raymond learned to run like hell from the age of 6.

The eight-block distance from Richardson Elementary School in Southeast Washington, D.C., to the two bedroom apartment he shared with his family meant the difference between being mauled by the neighborhood boys or collapsing in sweet reprieve from yet another day of torment and physical abuse.

His was the greatest crime in the community.

Not only was he "smart" but the more egregious offense was that he had been a labeled a "sissy."

Violence was a part of his childhood experience and only intensified as he grew older in a community where being gay was a fate that could lead to death. Through Raymond's adolescence, the violence continued despite the fact that the men who accosted Raymond by day, sought him out at night for sex.

"At the time, I thought if we had sex that meant they were gay and they would be more inclined to protect me. Instead I learned, that they hated themselves and therefore they hated anything that reminded them of their own true nature."

Raymond is now 38. He's a successful entrepreneur, and is a long-term relationship with his male partner. He also has children and survived the violence of those early days. But in reflecting on those tumultuous times, Raymond becomes visibly disturbed and unsettled. His silence, distant gaze and sudden stream of tears tell of a wound that remains for a man that recalls the emotions associated with violence.

And so, it is with violence and those who have lived through its horrific grip.

While Raymond's plight may seem like an infrequent occurrence for young African-American children growing up in major cities, the truth is that for young African Americans, derogatory sexual epithets are hurled around more forcefully than a ball thrown by a major league pitcher. Social scientists are convinced that such epithets, though often trivialized as "teasing" and child's play can and often lead to adolescent and adult acts of violence driven by internalized homophobia.

.

Violence against black gays and lesbians or those perceived to be gay, lesbian, bisexual or transgender continues to rage in this country in significant proportion, sometimes resulting in death.

A report released Sept. 9, by Los Angeles County Commission on Human Relations, said in 2001 hate-crimes motivated by the victim's sexual orientation or gender identity rose 9 percent from the previous year. Hate crimes against lesbians had risen 42 percent while transgender hate crimes had doubled, the report said.

But the news wasn't all bleak - hate crimes against gay men appeared to fall 9 percent. While the given number of anti-LGBT hate crime reports may rise or fall from year to

[1] The University of Georgia and The Martin Luther King, Jr. Center for Nonviolent Social Change, Inc. (c) Estate of Martin Luther King, Jr., Coretta Scott King, and Arnold Michaelis

[2] The University of Georgia and The Martin Luther King, Jr. Center for Nonviolent Social Change, Inc. (c) Estate of Martin Luther King, Jr., Mrs. Coretta Scott King, and Arnold Michaelis

year, the lesbian, gay, bisexual and transgender (LGBT) community consistently has been the first or second most frequent target of hate crimes in Los Angeles County3.

Those most frequently and adversely affected by hate crimes appear to be transgender. An example of this is the untimely deaths of two transgender teenagers in Washington, D.C.

In the early morning hours of Aug. 12, Deon Davis, 18, and Wilbur Thomas, 19 - both African-American - were found shot to death in the front seat of Thomas' Toyota Camry in southeast Washington, D.C.

Both appeared to have at least 10 bullet wounds.

The police are not sure what sparked the shooting.

"With the number of rounds fired, it seems like it was personal," according to a police official, not a confrontation between strangers as might occur in a robbery. Police are investigating several possibilities, he said, including that the deaths are a hate crime.

According to family members of both Davis and Thomas, they were frequently beaten up or harassed by people in the neighborhood.

Inaction and silence seem to foster continued violence against LGBT/SGL people and worse yet even condone the action. "When ignorance and fear pose daily risks to a segment of our community, it is cause for concern. When that ignorance and fear leads to murder it is time for action," said Lori Jean, executive director of the National Gay and Lesbian Task Force in a statement, in response to the murders.

"What we can do is redouble our efforts to educate the community at large about the rights, needs and concerns of transgender people. A person's right to free expression of their gender should not put them at daily risk of assault -- and worse, as may well be the case here -- murder."

Sadly this case wasn't the only hate crime recently in D.C. Another case, involving a Howard University student and instructor is currently under investigation.

On the evening of Sept. 3, Darryl Payton an 18-year-old sophomore at Howard along with an instructor was beaten by a crowd throwing musical instruments.

Payton, a sophomore from Los Angeles, said he was leaving the Fine Arts building about 8:45 p.m. when he encountered several of the band's horn players practicing in the hallway.

After he accidentally bumped into a female band member, Payton said other band members started shouting, "faggot" and other anti-homosexual slurs. As he tried to walk through, he said, the group crowded around him and attacked.

The aggressors were not some southern white supremacist vigilante, but instead a group of African-American males who were on the campus of one of the most esteemed black universities in the world.

Howard's student-conduct code does not specifically prohibit "hate speech," as do the rules on some campuses. It does prohibit expressions of discrimination, assault and battery. A campus judicial board can impose penalties ranging from a warning to expulsion.

This violence isn't limited to the straight world, sometimes the violence strikes in areas where gays and lesbians feel safe. In West Hollywood, the Los Angeles County, the sheriff's department reported that in September, three men were bludgeoned with a baseball bat. One, actor Trev Broudy, was left for dead. Police said the 33 year old actor was struck in the back of the head, kicked and punched as he and a friend walked along Cynthia Street near San Vicente Boulevard

in the heart of Hollywood's gay area. While Broudy and his friend were assaulted on Sept. 2, the same assailants assaulted the third victim the same week.

And while money alone is not a deterrent to violence against LGBT/SGL community, the response to such attacks varies widely according to community infrastructure, access to political power and resources. In the instance of the two African-American teen-age transgender slayings, there wasn't an outcry from the black community gay or straight.

In the instance of the three men that were viciously violated and who happened to be white, the angry family members joined with a local restaurant in posting a $35,000 reward for information leading to the arrest of those involved in the attack on Broudy. West Hollywood community officials announced unity marches for two consecutive days in response to the attacks.

"We want to show that the business owners and the residents - we're just not going to put up with this," said David Cooley, owner of the Abbey, a West Hollywood restaurant that put up $10,000 of the reward. Police will distribute a composite sketch of the suspect in bars and restaurants throughout the neighborhood.

The Los Angeles County Health Commission 2001 report confirms, as has been in the case for several past years, that anti-LGBT hate crimes are more likely than crimes against other groups to be highly violent.

Sixty-two percent of the anti-LGBT hate crimes tracked by the report involved physical attack, the "highest percentage of any victim motivation group." As the report states, "once again, sexual orientation hate crimes were the most likely to be violent of any major category."

Progga Choudhury, lead victim's advocate for the Gay & Lesbian Center's Anti-Violence Project, said that despite the significant rise in the number of reports of anti-lesbian hate crimes, the experience of the staff indicates that under-reporting remains is a problem.

"Often, anti-lesbian hate crimes are misidentified because they are perpetrated by homophobic family members, ex-boyfriends, or ex-husbands," Choudhury said. "Regardless of whether the perpetrator is a stranger or someone with whom the victim has or had a close relationship, an attack motivated by homophobia is a hate crime."

Choudhury said the program has observed that more transgender victims of hate crime are stepping forward than in the past. "However, we know that victims of gender identity-based hate crimes are extremely reluctant to report," Choudhury said. "They often fear contacting law enforcement or believe that they will face derision rather than compassion."
Pull Quote 1: "At the time, I thought if we had sex that meant they were gay and they would be more inclined to protect me. Instead I learned, that they hated themselves and therefore they hated anything that reminded them of their own true nature."

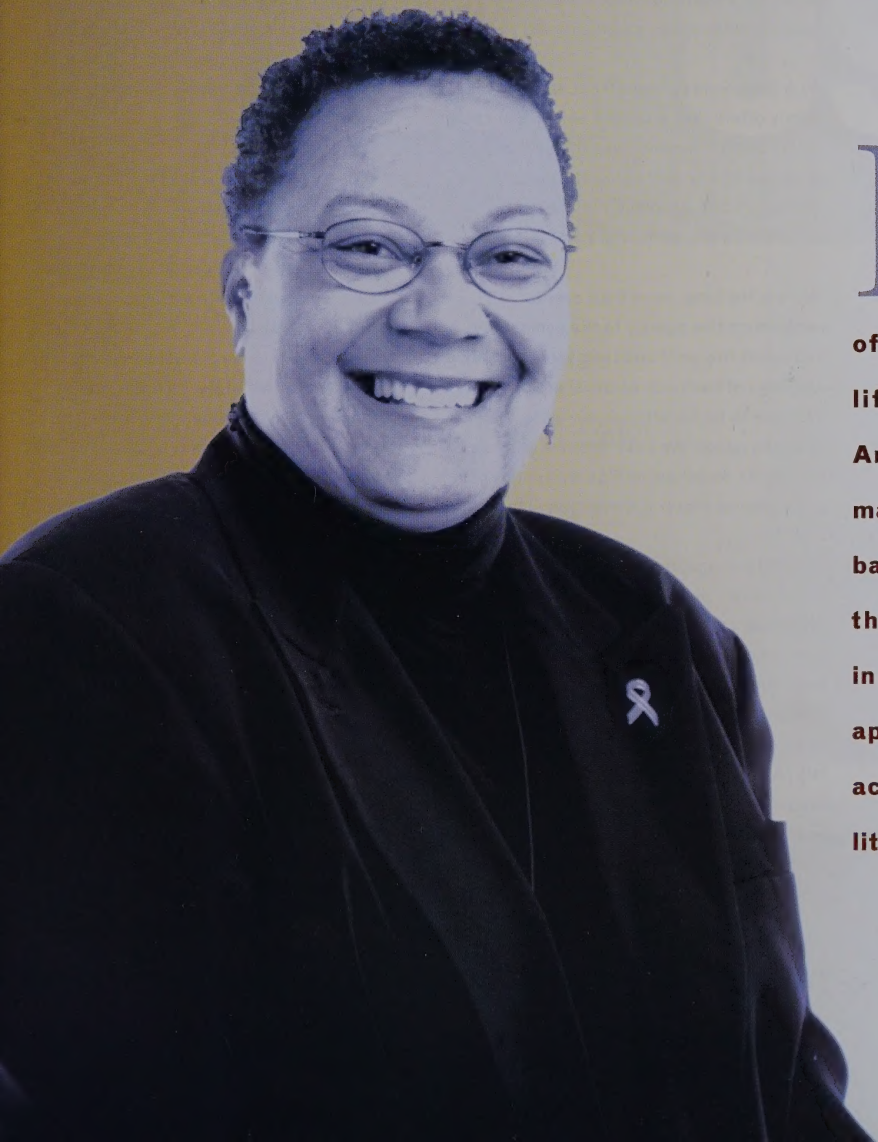
Pull Quote 2: After he accidentally bumped into a female band member, Payton said other band members started shouting, "faggot" and other anti-homosexual slurs. As he tried to walk through, he said, the group crowded around him and attacked. The aggressors were not some southern white supremacist vigilante, but instead a group of African-American males who were on the campus of one of the most esteemed black universities in the world.

L.A. Gay & Lesbian Center's Anti-Violence Program Urges Reporting
Detailed documentation of the hate crime/hate incident;
Advocacy with law enforcement and prosecutors;
Victims of Crime compensation assistance;
Emergency financial assistance;
Restraining order preparation;
Attorney consultations; and
Referrals to appropriate resources.

HAZEL WESSON
LOVING PEOPLE

Executive Director for AIDS Project East Bay

By MacArthur H. Flournoy



Hazel Wesson felt the wind of change blowing on her life in Kansas City, Mo. Anchored in a senior level management position in the banking industry, with more than 23 years experience in that profession. For all appearances, Wesson had achieved success – with one little problem.

"Basically I wasn't happy and I knew it was time for a change," reflected the executive director of AIDS Project East Bay, the largest AIDS Service organization in Alameda County, Calif.

So in October 1991, Wesson headed west to Los Angeles.

Not long after her arrival, she found herself volunteering as a case manager at Minority AIDS Project, founded by the Rev. Carl Bean at the height of the AIDS epidemic in the black community in that urban center.

The journey brought Wesson 500 miles north of Los Angeles to the bay area where she began her affiliation with AIDS Project East Bay in 1993. The executive director at the time, Valerie Papaya-Mann invited Wesson to join the team as a case manager.

"By the third hour of that first morning I knew I had found my niche and the work I love" Wesson said.

After a four-year stint as the executive director for another service-oriented organization, Tranquilium, Wesson began her tenure with AIDS Project East Bay in September 2001, as the executive director.

Her progress to date has been commendable. According to co-chairperson for the APEB board of directors, Dr. Robert Scott, "Hazel has emerged as the greatest executive director the agency has had to date." High marks for a man known for his brevity of speech and direct communication.

With deference for her predecessors, Wesson calmly offers that what she believes accounts for Dr. Scott's remarks was the suitability of her particular skill set to the current challenges and opportunities that exist for APEB at this particular point in time.

"Now is the time, more than ever to reintroduce this agency to the community. You speak the word and then you do the work. The days of business as usual are all over. We have to be fiscally conservative. We look at all the needs. We have to make good and thoughtful decisions or else we are not going to be around. I look at the bottom line"

Wesson's connection with the clientele is not merely didactic or limited to the philosophical. Her understanding of the issues confronting many of her clients stem from her ground level works in the community. Wesson appreciates the challenges that remain for African Americans in arresting HIV/AIDS. "We don't want to talk about drugs, sex, homosexuality...but they are killing us."

Perhaps the most enduring quality this visionary possesses is her unique ability to see the opportunity in the storm.

"HIV/AIDS has given us the opportunity to be more authentic, more loving and more real. I want to be real. That will bring some kind of happiness. Sometimes we get a little lost too," Wesson said.

The future of APEB is directly hinged on a strategic plan developed by the board of directors in the spring of 2002. "We had 100 percent board participation" beamed the executive director with visible pride.

Future goals are clear and straightforward for AIDS Project of the East Bay. "We have a goal to raise $1 million over the next five years. We also anticipate addressing broader health issues affecting black people. And finally, we are committed to quality assurance at the board and program level so that we can ensure that our clients are getting the best possible service".

Gazing out her third-floor office window fronting Telegraph Avenue, an area known for economic development by day and survival sex by night, Wesson is direct and to the point when responding to the question *what keeps her invested in this position*.

"I love people and I love the work that I do."

Enough said.

MLK Used

By Craig Washington

Voters in Florida's Miami-Dade County turned out on Sept. 10 to uphold a 1998 county ordinance that bans discrimination based on sexual orientation in housing, lending, public accommodations and employment.

"It took over 20 years to get this back on the ballot. This is an historic vote, a new turning point for GLBT rights," said Jubi Headley, communications director for the National Gay and Lesbian Task Force.

The task force is a multi-issue gay advocacy organization that targeted over 200 precincts with voter education and poll canvassing. In 1977, orange juice queen turned anti-gay crusader Anita Bryant successfully campaigned to repeal a precursor to the current gay rights law. Since its 1998 inception, the ordinance has been challenged by repeal efforts of the right-wing Christian Coalition and Take Back Dade, a local ad hoc group headed by Ernesto Jose Armesto, editor of the Spanish newspaper El Nuevo Patria.

The newspaper is known for its frequent denunciation of gays as "perverts" and "multisexual extremists."

Both groups drew national attention in July after distributing fliers with Martin Luther King's image to curry anti-gay support from the local African-American churches. The fliers read, "Martin Luther King, Jr. would be outraged if he knew that homosexualist extremists were abusing the civil-rights movement to get special rights based on their sexual behavior" and featured an unauthorized image of the celebrated civil-rights leader.

Urging readers to "Vote 'yes' on Sept. 10 to repeal Miami-Dade's dangerous 'sexual preferences' amendment", the fliers asserted that "Homosexuality is not a civil right." The use of King's name and image was quickly denounced by the Martin Luther King Jr. Center for Nonviolent Social Change with a statement that included remarks from founder Coretta Scott King.

"I appeal to everybody who believes in Martin Luther King Jr.'s dream to make room at the table of brother- and sisterhood for lesbians and gay people," King's widow said.

Headley called the misappropriation "a racist maneuver to turn us against ourselves. The very idea that a non-African-American group would appropriate King this way is racist."

This recent controversy evokes some hard questions and deep thinking (and feeling) about the interplay between racism and homophobia, race and sexual orientation, and the civil-rights and gay movements.

As politics truly does make strange bedfellows, this incident is not the first steamy encounter between anti-gay crusaders and African-American churches. These affairs have been going on for at least a decade.

In 1993, a group of white religious conservatives called the Traditional Values Coalition produced the video "Gay Rights, Special Rights" which featured footage of partying bare-chested white gay men and text that warned black church and civil rights leaders that gays were trying to hijack the civil rights movement.

Since then factions as traditionally oppositional as black clergy and the KKK have sided to block gay liberation.

Despite the arrant racism and class oppression of the religious and political right, they often find willing suitors among the mostly male black church leadership. Together the usually polarized parties identify their common ground in patriarchal doctrine, and join forces to preserve a paternalistic status quo throughout their respective communities. The ultimate authority of heterosexual men (black and white) is perpetuated and protected by anti-gay oppression.

Ironically, this biracial good ole boy club includes female pastors whose right to preach is refuted by the same Bible used to challenge the legitimacy of gay rights.

These women who have dismantled sexist barriers to attain official status, as leaders within the church often do not recognize parallels between their experience and the subjugation of gays and lesbians. Obviously the common misery of oppression in and of itself does not build or sustain bridges between the mutually marginalized.

Gay rights opponents, most of whom are straight, commonly refute parallels between black and gay liberation movements. They often compare the two identities and the correlative forms of oppression. The argument contends that homosexuality is a behavior not an identity as with race or gender i.e., "you can help being gay but you cannot help being black."

The implication is that oppression is indefensible only if it is based on an aspect that the oppressed cannot change. Of course, few of these opponents would deny freedom of religious practice, which is undeniably, at least for most adults, a choice. As this premise likens homosexuality to a chosen lifestyle, gays are responsible for their aspect and the oppression that targets it.

Similar reasoning is deployed in the "gay panic" defense of murderers of gays which claims that the perpetrator was led by an understandably incontrollable revulsion to the victim's homosexuality. Obviously being black and being gay are by no means synonymous but such identity comparison obscures (or sidesteps) the bottom line. No, homosexuality is not a civil right, neither is heterosexuality or being black or Asian or white. They are all aspects of who we are. Our society has created law that precludes identity oppression, i.e., abused or exclusion based on who we are.

Gays, lesbians, bisexuals and transgendered people are entitled to equal protection under such law.

In South Africa, which like the United States legally sanctioned and enforced racism; apartheid was dismantled by coalitions that took on not only race and class oppression but homophobia as well.

They didn't work together because they thought that race was the same as sexual orientation. They did it because they recognized the common interests served by their oppression and they resisted the temptation to see each other as enemies or competitors for the finite pie of freedom.

As a result they all won, and sexual orientation was added along with race to the anti-discrimination clauses in their constitution. This country could learn a lot from the South Africa lesson as well as our own mistakes. Just as it was a gross misstep for turn-of-the-century white women suffragists to rebuff black suffragists as

competition for voting rights, it is a grave error to continue to deny our common ground as people striving for social justice.

The links between the gay movement and the historical civil rights movement are complicated yet traceable. The civil-rights movement is renowned for its philosophical and religious foundation, its strategies and considerable if not complete success.

Gays and lesbians including activist Fannie Lou Hamer, writers James Baldwin, Lorraine Hansberry, and Langston Hughes were among its soldiers. The principal organizer of the fabled 1963 March on Washington was Bayard Rustin an openly gay activist who was one of King's most trusted advisers.

By the late 1960's, the more separatist black arts/black power movement had supplanted its "parent" and a concurrence of liberation fronts also emerged including the sexual revolution and the feminist and gay movements. Each of these subsequent fronts used elements of the civil rights movement and the successor black power movement in their goals and their tactics. The early (Stonewall) gay liberation prioritized the attainment of social justice (the hallmark of civil rights work), and the establishment and assertion of a distinct new identity (which distinguished the black power struggle). Black gays and lesbians worked both in tandem and apart from white gays to define their distinctive identities and agendas forming organizations such as the National Coalition of Black Lesbians, which proclaimed themselves "as proud of our gayness, as our blackness."

The National March on Washington for Lesbian and Gay Rights in 1979 was patterned after the1963 precedent. Since then hundreds of LGBT marches and vigils have recited or revised freedom chants including the signature civil-rights rally cry "We Shall Overcome."

Gays and lesbians have achieved an amazing level of progress in terms of political agency, civil rights and mainstream social and cultural acceptance in the United States and several other countries.

However, the modern movement is still weakened by internal divisions similar to those that hindered its counterparts. There are deep wedges between factions based on the apparent assumption that there is one legitimate concept of liberation or identity (i.e., mainstream politics vs. grass-roots transformational activism; or "gay" vs. "queer" vs. "same gender loving" as identifiers). Too often white LGBT organizations use superficial measures to address their own deep-rooted racism and class elitism.

Many white gays support gay activism only to the extent that it does not challenge their privilege as whites or as men. Such unchecked racism confounds and embarrasses their claims of legitimacy as inherited from black-based civil rights movements.

Black gays and lesbians have not experienced such progress as white gays, largely because of our multiple marginalization.

In spite of such obstacles, we have birthed black gay institutions including bars and dance clubs, AIDS service agencies, spoken word spaces, Black Gay Pride events, support organizations, and "houses" that offer mentoring and refuge for black gay youth.

As we continue to create community and increase our specific visibility, we must establish more connection with the black community-at-large in order to gain more acceptance as our full selves.

Many of us distance ourselves from black neighborhoods in order to live our lives more freely. But others, who are just as out, contrary to popular assumptions, attest to being very much accepted in the hood.

As a subset of both black and gay communities, we have a unique opportunity to demonstrate the irrefutable ties between gay rights and human rights. As people of color and/or as women, many of whom are working class or poor, we are not only concerned with gay liberation, we also care about racial profiling, reproductive rights, predatory lending, affirmative action.

Unfortunately, we are often absent, silent or closeted when it comes to these issues. While the media continues to portray black people as uniformly homophobic, there are many who reject anti-gay rhetoric and actions including highly influential heavyweights such as Cynthia McKinney, John Lewis, and, of course, Coretta Scott King.

Black gays could achieve considerable clout by working more closely and consistently with friends such as these.

Homophobia in the black community accrues untold costs as it not only divides our families and encumbers AIDS prevention, but also marginalizes and even murders some of our most talented political and cultural leadership.

All of us who work to dismantle racism, sexism, class oppression and homophobia have much to gain by identifying our intersecting goals. But this activist's fantasy of multi-issue progressive coalitions cannot be achieved until we work through our mutual fear, distrust and ideological differences.

When do we lay down our defenses, or our exclusive victim status and acknowledge that we are all hurting? Financial market conditions are less than favorable for nonprofit social justice organizations, which depend on philanthropic support. So it makes not only good karma but good sense as well that we build cost-effective synergistic coalitions. We can learn from some of our oppressors without oppressing each other through a collective struggle for universal liberation.

We will never know exactly what Martin Luther King would have said about gay rights today. With all due respect, I don't believe that is the fundamental point. We can use his example for some guidance but we must use our own spiritual compass to point us in the right direction.

When King's niece challenged pro-gay legislation by comparing gays to liars, thieves and murderers, King countered by referencing one of King's most quoted proclamations.

"Injustice anywhere is a threat to justice everywhere," she said. "Injustice is much like a brushfire spreading throughout our society. Many of us think we are not endangered because it hasn't reached our home yet. As long as this brushfire rages on, then "we who believe in freedom cannot rest."

TRIZIVIR—the only complete 3-drug HIV treatment in 1 tablet

Details on use of TRIZIVIR

TRIZIVIR treats HIV infection alone or in combination with other HIV medicines. There is little information about its use in patients with large amounts (>100,000 copies) of virus in their blood. At this time, it's not known whether taking TRIZIVIR will slow the progress of HIV disease or help you live longer.

TRIZIVIR does not cure HIV infection/AIDS or prevent passing HIV to others.

Important safety information

TRIZIVIR contains abacavir sulfate, which is also called ZIAGEN®. About 1 in 20 patients (5%) who take abacavir (as TRIZIVIR or ZIAGEN) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away.**

You may be having this reaction if:

(1) you get a skin rash, or

(2) you get 1 or more symptoms from at least 2 of the following groups:

- **Fever**
- **Nausea, vomiting, diarrhea, abdominal (stomach area) pain**
- **Extreme tiredness, achiness, generally ill feeling**
- **Sore throat, shortness of breath, cough**

If you think you may be having a reaction, **STOP taking TRIZIVIR and call your doctor right away.**

If you stop treatment with TRIZIVIR because of this serious reaction, **NEVER take abacavir (as TRIZIVIR or ZIAGEN) again.** If you take any of these medicines again after you have had this serious reaction, **you could die within hours.**

Some patients who have stopped taking abacavir (as TRIZIVIR or ZIAGEN) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with TRIZIVIR for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your healthcare provider. If your healthcare provider decides that you may begin taking abacavir (as TRIZIVIR or ZIAGEN) again, you should do so only in a setting with other people to get access to a doctor, if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and/or white blood cells, especially in patients with advanced HIV disease or AIDS.

A buildup of lactic acid and severe liver problems, including fatal cases, have been reported with HIV drugs of this type, including the medicines in TRIZIVIR and other antiretrovirals.

The most common side effects of taking the medicines in TRIZIVIR together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain.

www.TRIZIVIR.com

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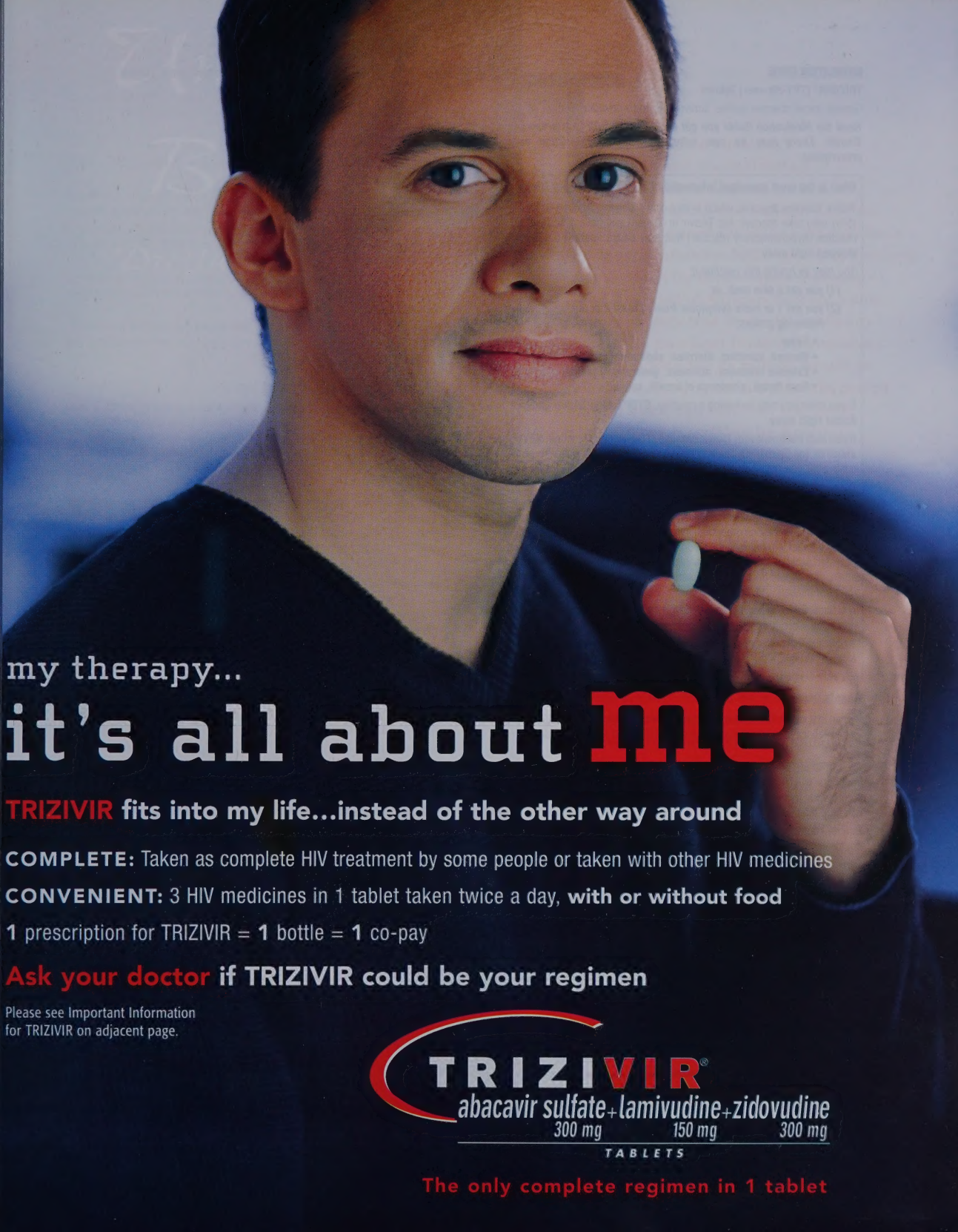
my therapy...
it's all about me
TRIZIVIR fits into my life...instead of the other way around
COMPLETE: Taken as complete HIV treatment by some people or taken with other HIV medicines
CONVENIENT: 3 HIV medicines in 1 tablet taken twice a day, with or without food
1 prescription for TRIZIVIR = 1 bottle = 1 co-pay
Ask your doctor if TRIZIVIR could be your regimen
Please see Important Information for TRIZIVIR on adjacent page.
TRIZIVIR®
abacavir sulfate + lamivudine + zidovudine
300 mg 150 mg 300 mg
TABLETS
The only complete regimen in 1 tablet

MEDICATION GUIDE

TRIZIVIR® (TRY-zih-veer) Tablets

Generic name: abacavir sulfate, lamivudine, and zidovudine

Read the Medication Guide you get each time you fill your prescription for Trizivir. There may be new information since you filled your last prescription.

What is the most important information I should know about Trizivir?

Trizivir contains abacavir, which is also called Ziagen®. About 1 in 20 patients (5%) who take abacavir (as Trizivir or Ziagen) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away**.

You may be having this reaction if:

(1) you get a skin rash, or

(2) you get 1 or more symptoms from at least 2 of the following groups:

- **Fever**
- **Nausea, vomiting, diarrhea, abdominal (stomach area) pain**
- **Extreme tiredness, achiness, generally ill feeling**
- **Sore throat, shortness of breath, cough**

If you think you may be having a reaction, **STOP taking Trizivir and call your doctor right away.**

If you stop treatment with Trizivir because of this serious reaction, **NEVER take abacavir (as Trizivir or Ziagen) again.** If you take any of these medicines again after you have had this serious reaction, **you could die within hours.**

Some patients who have stopped taking abacavir (as Trizivir or Ziagen) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with Trizivir for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your health care provider. If your health care provider decides that you may begin taking abacavir (as Trizivir or Ziagen) again, you should do so only in a setting with other people to get access to a doctor if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Trizivir can have other serious side effects. Be sure to read the section below entitled "What are the possible side effects of Trizivir?"

What is Trizivir?

Trizivir is a medicine used to treat HIV infection. Trizivir includes 3 medicines: Ziagen (abacavir), Epivir® (lamivudine or 3TC®), and Retrovir® (zidovudine, AZT, or ZDV).

All 3 of these medicines are called nucleoside analogue reverse transcriptase inhibitors (NRTIs). When used together, they help lower the amount of HIV in your blood. This helps to keep your immune system as healthy as possible so it can fight infection.

Different combinations of medicines are used to treat HIV infection. You and your doctor should discuss which combination of medicines is best for you.

Trizivir does not cure HIV infection or AIDS. Trizivir has not been studied long enough to know if it will help you live longer or have fewer of the medical problems that are associated with HIV infection or AIDS. Therefore, you must see your health care provider regularly.

Who should not take Trizivir?

Do not take Trizivir if you have ever had a serious allergic reaction (a hypersensitivity reaction) to any of the medicines that make up Trizivir, especially Ziagen (abacavir). If you have had such a reaction, return all of your unused Trizivir to your doctor or pharmacist.

Do not take Trizivir if you weigh less than 90 pounds.

How should I take Trizivir?

To help make sure that your anti-HIV therapy is as effective as possible, take your Trizivir exactly as your doctor prescribes it. Do not skip any doses. The usual dosage is 1 tablet twice a day. You can take Trizivir with food or on an empty stomach.

If you miss a dose of Trizivir, take the missed dose right away. Then, take the next dose at the usual scheduled time. Do not let your Trizivir run out. The amount of

virus in your blood may increase if your anti-HIV drugs are stopped, even for a short time. Also, the virus in your body may become harder to treat.

What should I avoid while taking Trizivir?

Do not take Epivir, Retrovir, Combivir®, or Ziagen while taking Trizivir. These medicines are already in Trizivir.

You should avoid taking stavudine (Zerit®) while taking Trizivir. If your doctor prescribes doxorubicin or ribavirin, tell your doctor that you are taking Trizivir.

Practice safe sex while using Trizivir. Do not use or share dirty needles. Trizivir does not reduce the risk of passing HIV to others through sexual contact or blood contamination.

Talk to your doctor if you are pregnant or if you become pregnant while taking Trizivir. Trizivir has not been studied in pregnant women. It is not known whether Trizivir will harm the unborn child.

Mothers with HIV should not breastfeed their babies because HIV is passed to the baby in breast milk. Also, Trizivir can be passed to babies in breast milk and could cause the child to have side effects.

What are the possible side effects of Trizivir?

Life-threatening allergic reaction. Trizivir contains abacavir, which is also called Ziagen. Abacavir has caused some people to have a life-threatening allergic reaction (hypersensitivity reaction) that can cause death. How to recognize a possible reaction and what to do are discussed in "What is the most important information I should know about Trizivir?" at the beginning of this Medication Guide.

Lactic acidosis and severe liver problems. The medicines in Trizivir can cause a serious condition called lactic acidosis and, in some cases, this condition can cause death. Nausea and tiredness that don't get better may be symptoms of lactic acidosis. Women are more likely than men to get this serious side effect.

Blood problems. Retrovir, one of the medicines in Trizivir, can cause serious blood cell problems. These include reduced numbers of white blood cells (neutropenia) and extremely reduced numbers of red blood cells (anemia). These blood cell problems are especially likely to happen in patients with advanced HIV disease or AIDS.

Your doctor should be checking your blood cell counts regularly while you are taking Trizivir. This is especially important if you have advanced HIV or AIDS. This is to make sure that any blood cell problems are found quickly.

Muscle weakness. Retrovir, one of the medicines in Trizivir, can cause muscle weakness. This can be a serious problem.

Other side effects. Trizivir can cause other side effects. The most common side effects of taking the medicines in Trizivir together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain.

This listing of side effects is not complete. Your doctor or pharmacist can discuss with you a more complete list of side effects with Trizivir.

Ask a health care professional about any concerns about Trizivir. If you want more information, ask your doctor or pharmacist for the labeling for Trizivir that was written for health care professionals.

Do not use Trizivir for a condition for which it was not prescribed. Do not give Trizivir to other persons.

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GlaxoSmithKline
Research Triangle Park, NC 27709

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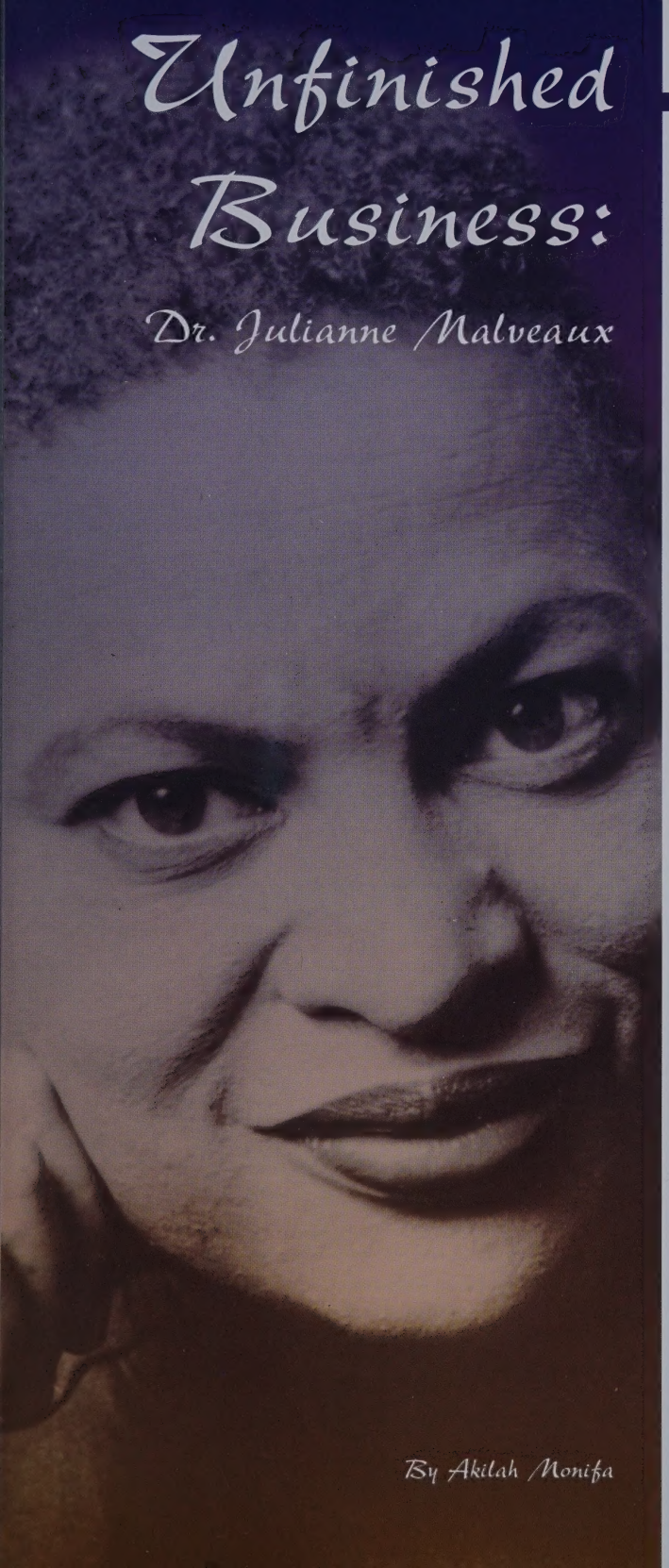
Unfinished Business:

Dr. Julianne Malveaux



By Akilah Monifa

Tain't nobody's business? Yes it is and it's unfinished. Unfinished Business: A Democrat and A Republican Take on the 10 Most Important Issues Women Face (Perigee September 2002 www.penguinputnam.com) is co-written by Dr, Julianne Malveaux (the Democrat of African descent) and Deborah Perry (the white Republican). The unlike pair kept finding themselves as polar opposites as talking heads on television. They spent a six month period writing back and forth on the book. The forward is written by Soledad O'Brien, who fittingly as host of "MSNBC's Morning Blend" was the first to have them on her show together.

Lisa Ling co-host of The View says that the book " . . . both shocked and inspired me. Despite the levels of success many women have achieved, we are reminded that we are still the minority."

Dr. Malveaux says that she and her co-author: " . . . were able to maintain our integrity and continue with the project." Despite her numerous forays into media, both print and broadcast, she thinks of herself as an economist and professor with a different classroom. She has always been a writer, beginning with a stint as an editor at **Essence** magazine in 1973. She had her roots in the San Francisco Bay area before landing in DC where she now resides. "Starting in the Bay area, I was a former candidate and political activist involved in Democratic party politics. What I did learn is that through your rhetoric and your manner of method you can move people. Maybe you move them in a classroom to do research, or maybe you move them on television to think about something differently."

"I am unconventional, what is the typical career path for a PhD is to become an assistant professor then associate professor and if lightening strikes then you become a Dean, Provost, or President. I never saw my life that way when I got my PhD. I always have

been open to different ways that faith and life and opportunities will take me.

In the past decade I have considered many employment opportunities, which have included leading organizations, doing research full time for folks concerning politics. Right now I am extraordinarily content where I am. I mentor many young people on the policy path and that gives me satis-faction." I have learned as I approach 50 (I mean approach, I'm not there yet) to balance my life at least somewhat and that provides me with perspective. So I don't know what I would have projected for myself. I put it in God's hands a long time ago."

The ten issues which of course there was some disagreement on, are: abortion, crime, work and family, equal pay and benefits, education, welfare, economy, race matters, foreign policy and the environment.

Two chapters written together; "Where Do Women Go From Here?" find common ground in ". . . the overarching sense that women's voices are not sufficiently heard, that women need to be more active participants in the political process, and that women can shape the quality of their lives and those of their families and communities through their involvement." and concluding with...

"Seven Ways to Lift Your Voice"

The ways are:

1. **Vote**
   this is particularly important because women outnumber men.
2. **Write a letter**
   To the editor, Congress, whoever. Just let your voice(s) be heard. Men's voices dominate the media because that is who writes letters.
3. **Attend a City Council or legislative meeting**
4. **Join or start an advocacy group.**
   (The book lists many possibilities after each chapter.)
5. **Hold a Neighborhood or Town Hall Meeting**
6. **Organize a Capitol Hill Day**
7. **Run for public office**

3. **Attend a City Council or legislative meeting**

One of the most salient points comes at the end she feels that anytime a panel is all male, or all white male, there is something discriminatory working whether it is overt or covert." Dr. Malveaux is a self-professed workaholic and adds ". . . I have come to peace with that fact . . . there have been times in my life when I resisted it but at this point in my life I enjoy my work—I love what I do. I rise early, read. If I am being a good person I work out or walk. If not I read some more. I get to my desk between 8 and 9 am. I have two staff people who do my scheduling and help with my research. That is my day if I am not traveling. I do lunches with associates a couple of times a week, I cover political events or meet with people who are newsmakers. I also do radio and television a couple times a week. I speak a couple times a month or more depending on what the demand is or my inclincation – it's a good life and fulfilling. I love the challenges."

Our only regret is that there are not more visibile folks like Dr. Malveaux in the media.

RENAL

Brooks-Moon Renaissance Woman

by Akilah Monifa

If Chaka and Whitney are every woman, then Renel Brooks-Moon should also be added to that list.

Multitasking doesn't even begin to describe this sistah's work ethic because she appears to be constantly on the go.

It's hard to say what her primary gig is but the word that might her fit best is "entertainer."

First, she's a DJ at KISS 98.1 FM in San Francisco, (www.98.1kissfm.com). Second, she's an entertainment correspondent for KPIX, the San Francisco Bay-area CBS affiliate.

And finally she's an announcer at the San Francisco Giants Pacific Bell Baseball Park.

If you thought there weren't many women involved in baseball, you'd be right. In fact, Brooks-Moon is only the second female hold that title with any major-league team and she made history as the first person of color to hold the title.

It's no wonder that she was nominated by City Flight Magazine as one of the "10 most influential African-Americans in the San Francisco Bay Area" in 2000. She was also nominated by Billboard Magazine as one of the "Radio Air Personality of the Year."

As a result of all of this, Brooks-Moon has had a major effect on women and girls who seek to be involved in the sports world and she's proud to add role model to her list of accompishments.

She regularly gets mail from people who didn't realize that a woman could do her job. To that end, she will have the honor of being profiled in the 2002 World Series program.

She's not all work though. Brooks-Moon is married to Tommie Moon and the find time to be with one another and take care of their German shepherd, Othello. Brooks-Moon also volunteers for numerous organizations in her "free time."

Add to working out to the list of her daily duties (her biceps could put Angela Bassett's to shame) and you'll see she's a phenomenal woman.

Her life has exceeded her wildest expectations.

As a child, she would practice interviewing folks like Mike Douglas did on his TV talk-show. It is her dream to continue in entertainment. She'd someday like to be a correspondent for Entertainment Tonight or join the women of The View. Brooks-Moon, wouldn't even mind pushing Kelly Ripa out her spot with Regis Philbin and have the show renamed Regis and Renel.

Going out can prove challenging for this San Francisco celebrity. Her "RF" - an abbreviation she and Tommie use for the "recognition factor" - is high. Because of her visibility on television, at the ballpark, and in countless public appearances and speaking engagements, folks think they know her.

First there is the stare trying to figure out where they know her from, then the celebrity thing, usually following by the approach. She's open and gracious and finds all of this a small price to pay. She's glad that people love her.

And love her they do.

Listening to people call into her show it is clear of how and why they love her. It's because she speaks with such authority and respect that listeners think that she is the repository of all info.

She is a combination of intelligence, beauty, talent, and wit. And yet she remains humble. Although a celebrity herself, she still gets excited to meet her heroes such as baseball greats Joe Morgan, Jim Palmer, and Ernie Banks.

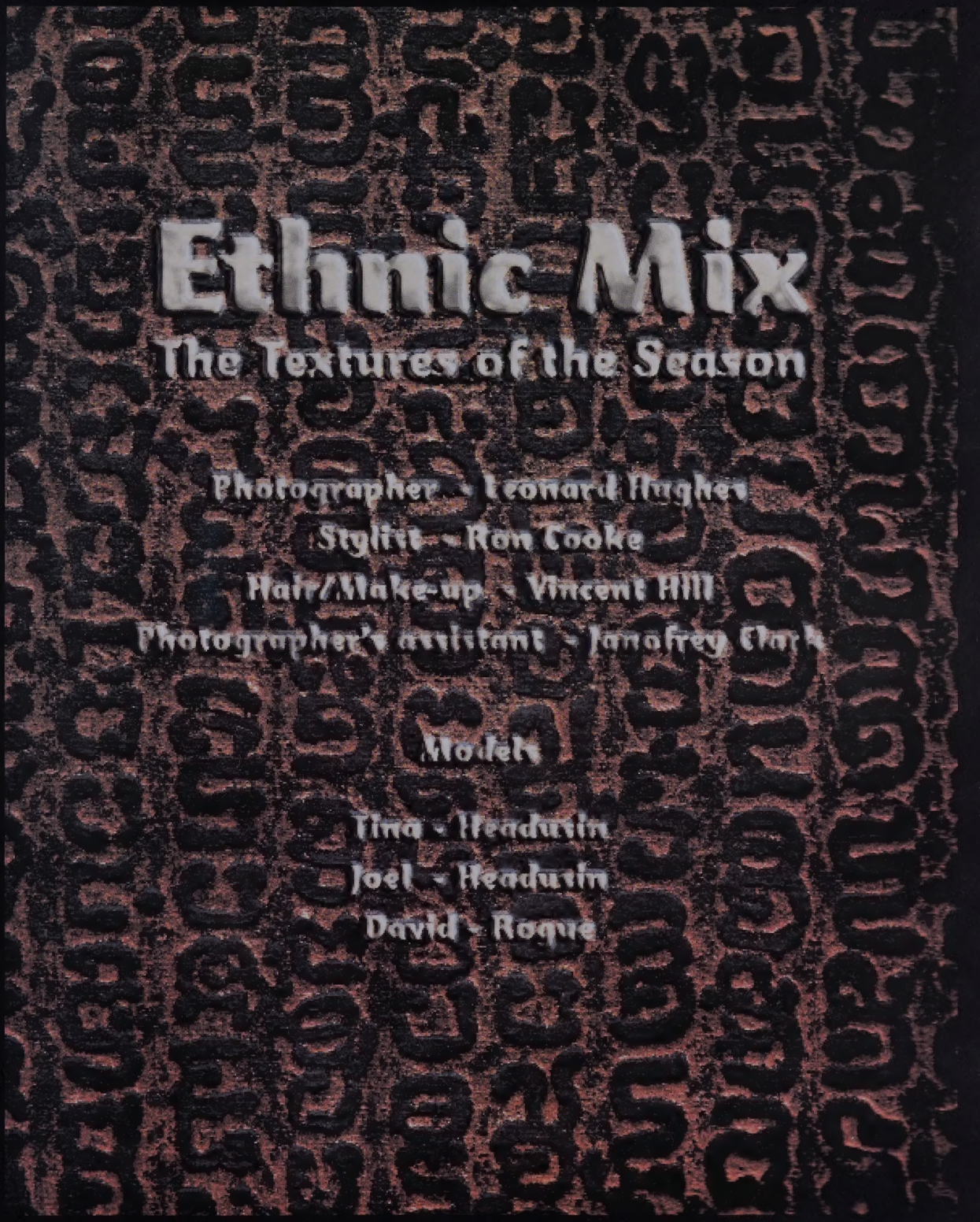
She once shared an elevator at the ballpark with Joe Morgan and was delighted when he called his wife on the cell phone to let her know that he met her.

Brooks-Moon continues to make history and be a part of it. She has left her announcers booth on three occasions.

First, on Opening Day *** which opening day?? This year?? Last year?? . Second, when Barry Bonds hit his historic 500th home run.

Third, the first game after 9/11. None other than Mr. Cub himself, Ernie Banks,said that he was proud of her. So are we. What a fitting person to be the first African-American woman to be a public address announcer in the major leagues.

If you haven't heard of her before, you are certain to be hearing of her in the future.


Ethnic Mix
The Textures of the Season
Photographer - Leonard Hughes
Stylist - Ron Cooke
Hair/Make-up - Vincent Hill
Photographer's assistant - Jamafrey Clark
Models
Tina - Headwrap
Joel - Headwrap
David - Rogue

Tina wears Black wool Bolero Jacket with mirrored embroidered back, Black wool crepe full circle skirt both by Sehar Peerzhada. Chained necklace (worn as belt) by Sehar Peerzhada Camel ankle boot by Nine West.

Joel wears a Gold patch work leather jacket, mustard wool flat front pant by Kevin Dickens for K.D. Sport. Denim button down shirt by Banana Republic, Camel leather belt by Banana Republic, watch by Fossil.

Tina wears a Red wool duster with mirrored and embroidered back design by Sehar Peerzhada, long black leather skirt by Dee Jackson, black leather boots by Nine West.

David wears a Palomino pony hair jacket and Taupe cashmere cargo pants by Kevin Dickens for "KD Sports", Black and Tan lace ups by "Burberry".

W h e r e T o F i n d I t :

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Kevin Dickens K.D. Sport and Platinum available by special order (202) 332-3551

Quentin Sylves-Bickham for "187" available by special order (410) 323-4628

Dee Jackson available by special order (202) 977-3183

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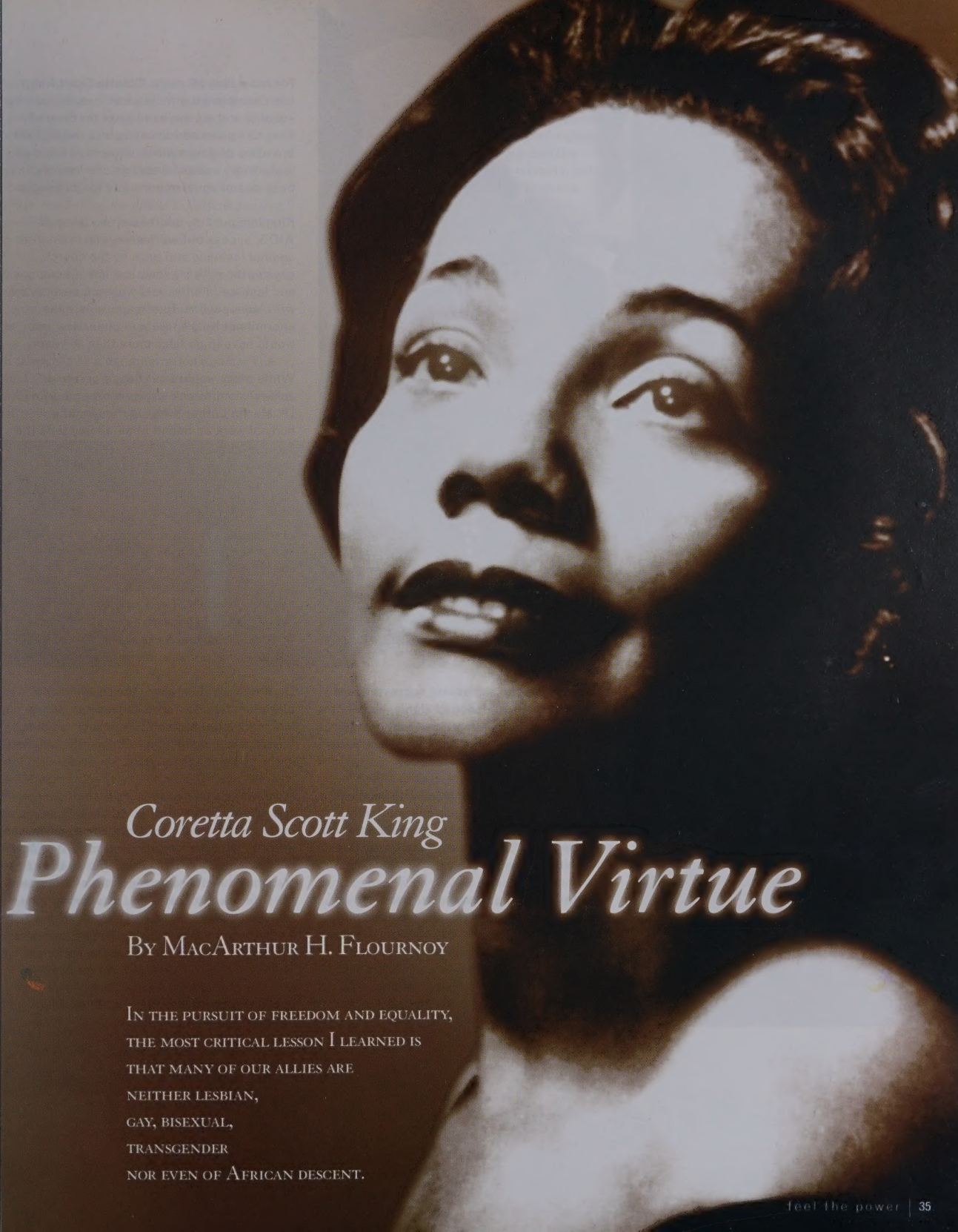

Coretta Scott King

Phenomenal Virtue

By MacArthur H. Flournoy

In the pursuit of freedom and equality, the most critical lesson I learned is that many of our allies are neither lesbian, gay, bisexual, transgender nor even of African descent.

Some of our greatest supporters are women and men of ideals, higher principles and virtues that many within our own community continue to wrestle with every day.

There are those who have stood with community when it was neither popular nor politically expedient. They have done so at great personal expense for no other reason than it was the right thing to do.

Coretta Scott King has been a friend and advocate to the gay and lesbian community long before many her modern day contemporaries would even utter the word gay or lesbian.

Coretta Scott King is a woman of phenomenal virtue.

For more than 50 years, Coretta Scott King has championed principles of love, inclusivity, equality and a genuine respect for diversity. King has given addresses before the highest branches of government, universities and virtually every sector of society. Her mantle has been one of equal opportunity for all people.

King has publicly addressed the issue of AIDS, access to health care, discrimination against lesbians and gays by the church, gays in the military, laws leveled against gay and lesbian families and violence associated with homophobia. But to appreciate the enormity of King's treasure of service, one would have to go back more than 40 years.

While many would limit King's greatest achievement to being the widow of the Rev. Dr. Martin Luther King, Jr., her prolific body of work on behalf of all people tells the story of woman who passionately embraces the work of equality and human rights for all people, while rejecting notions of limitations and rigid definitions.

"I am most often identified as the widow of Martin Luther King, Jr. Sometime I am also identified as an activist rights leader and/or a human-rights activist. While I would also like to be thought of as a complex three-dimensional human being with a rich storehouse of experiences, much like everyone else, yet unique in my own way...much like everyone else."

Dr. King was clear about the role his wife played in the civil-rights movement. In his landmark autobiography, he acknowledged the pivotal role she played in his life and also in the struggle for freedom.

My devoted wife has been a constant source of consolation to me through all the difficulties. In the midst of the most tragic experiences, she never became panicky or overemotional. I have come to see the real meaning of the rather trite statement: a wife can make or break a husband. My wife was stronger than I was through the struggle. While she has certain natural fears and anxieties concerning my welfare, she never allowed them to hamper my active participation in the movement. Corrie (Dr. King's name for Mrs. King) proved to be that type of wife with qualities to make a husband when he could

have so easily been broken. In the darkest moment, she always brought the light of hope. I am convinced that if I had not had a wife with the fortitude, strength, and calmness of Corrie, I could not have withstood the ordeals and tensions surrounding the movement...If I have done anything in this movement, it is because I have had behind me and at my side a devoted, understanding, dedicated, patient companion in the person of my wife," he wrote.

King, now 75, has not slowed her pace, but instead, has aligned herself and The King Center with an array of issues that support the principles espoused by her husband.

In response to a demonstration against The King Center for support of human rights of lesbian and gays, her group issued the following statement on June 14, 1999:

As an organization, which defends the dignity and human rights of all people, The King Center remains firmly opposed to persecution of and discrimination against gay and lesbian people. In a 1962 address to the National Press Club, Dr. Martin Luther King, Jr. said, "Hate is always tragic. It is as injurious to the hater as it is to the hated. It distorts the personality and scars the soul. In keeping with Dr. Kings beliefs, The King Center will continue to deplore the rhetoric of bigotry and hatred toward people because of their race, religion, ethnicity, disability, gender or sexual orientation, while encouraging the spirit of tolerance and good will toward all minority"

-The King Center

Coretta Scott King is a friend of the people in the truest sense of the word.

Many of her students have been world leaders, not the least of which have been civil-rights leaders who claimed to have grasped the principles of social justice and equality; until it came to the rights of gays and lesbians.

It should come as no surprise that some of the most vociferous opponents of equality on the basis of sexual orientation have in fact been African-American civil rights leaders who stood with Dr. King.

However, it was Corretta Scott King who took them to task and challenged them to confront their bias, discrimination and prejudice.

In an address to the Human Rights Cam-paign, Sept. 27, 1986, she made the following remarks:

"I am here tonight to express my solidarity with the gay and lesbian community in their struggle for civil and human rights in America and around the world. I believe all Americans who believe in freedom, tolerance and human rights have a responsibility to oppose bigotry and prejudice based on sexual orientation."

"In the final analysis, racism, sexism, anti-Semitism and homophobia are all forms of intolerance, which are unworthy of a great democracy. Let us state it clearly: Any form of bigotry is un-American and contrary to the spirit of freedom for which this republic must forever stand."

"As far as I am concerned, gays and lesbian have always been a part of the civil rights movement. Gay people were on the front lines

of every great civil rights struggle from Montgomery to Memphis, and made courageous contributions to the black struggle for equality. Some paid the highest price for their commitment" she said.

In September, in Miami, an initiative was put on the ballot known as Question 14, to repeal the law banning discrimination against people on the basis of sexual orientation. To add insult to injury, the proponents of the initiative used an image and the words of Dr. King, with this clause: *"He would be ashamed."*

But Coretta Scott King is not unfamiliar with such tactics. Nor is she willing to stand by and tolerate such abuses of Dr. King's legacy.

In the spring of 2000, California was considering a similar initiative under the guise of "Protecting Marriage" called Proposition 22. King challenged voters not to fall prey to discriminatory thinking.

"My husband Martin Luther King, Jr. understood all forms of discrimination and persecution were unjust and unacceptable for a great democracy. He believed that none of us could be free until all of us are free, that a person of conscience had no alternative but to defend the human rights of all people. In keeping with this principle, I would ask California voters who oppose bigotry and injustice to vote "No" on proposition 22. Prop 22 does not defend marriages. It discriminates against gay and lesbian people and their families. The proponents of Prop 22 say it is about closing a loophole. Gays and lesbians and their families are not loopholes. They are human beings to be affirmed and treated equal."

She understands the firsthand effects of discrimination on the basis of gender.

A little known fact is that following the death of Dr. King, many expected her to retreat into the role of mother and grieving widow, acquiescing to male leadership and making appearances only when it was politically expedient.

However, she understood that her role in life was not merely that of wife, mother and then widow, but instead partner and co-leader

of the greatest civil rights movements the United States has ever known. Under her leadership and strategic guidance, the Martin Luther King Jr. Center for Nonviolence and Social Change was founded and established. As a result of her actions, multiple generations have been exposed to the legacy of Dr. King and its applicability to modern day issues.

As one who eschews limitations imposed by anyone, King does not limit herself to any singular role and characterization. For the sake of convenience there are those who would attempt to limit King the mere widow of the late civil-rights leader. King had a broader perspective.

"I am very proud of my relationship to Martin Luther King Jr., who was as fine and caring a human being as he was a great and courageous leader. Yes, I am his widow, his wife and the mother of our children. But I was also his partner and coworker, and I made my contributions to the nonviolent revolution that we call the civil rights movement."

"I am a lecturer; an author and I've been a singer,

musician, a founder, a fundraiser and president and CEO of a very unique organization, the Martin Luther King Jr. Center for Nonviolent Social Change. I've tilled the earth, picked cotton and harvested crops. But I've also been a teacher, a columnist, a television commentator, a lobbyist for social reform, an active supporter of many causes and a member of several boards of directors."

"I am mother, a sister and a loyal friend...It's taken me about 75 years to create this person, but I feel like I still have a ways to go to fulfill my destiny" she said.

Ever the advocate for that which is right, for those who have been wronged, King continues to challenge all that would dare listen. Her charge is to understand the ways in which we are connected and root out bias and discrimination wherever it might show forth its fruit, be it the church, politics, community, families or even the highest branches of government.

At a time when America still grapples with the complexities of equality, racism, discrimination and fair mindedness, King challenges all of us to reach beyond our personal bounds of comfort and support the ideals of genuine equality.

"I strongly believe that all freedom and justice cannot be parceled out in pieces to suit political convenience. As my husband, Martin Luther King Jr. said, "injustice anywhere is a threat to justice everywhere." On another occasion he said, "I have worked too long and hard against segregating my moral concern. Justice is indivisible" Like Martin, I don't believe you can stand for freedom for one group of people and deny it to others..."

Gratitude Is Its Own Reward

Steven G. Fullwood
Sept. 3, 2002

"Dance the dance yet be not attached to it."
I, Negronius

Gratitude, he thinks, is the highest form of worship; perhaps the only true form. One needs no intermediary to practice gratitude—no preacher or pope—it is efficient, effulgent, easy. The sole function of gratitude is to cast a light on the perpetual dance between the heart and soul. It is breath and intuition, sight and smell, taste and touch illuminated. Nothing is more satisfying than gratitude, he thinks, because it is love in practice.

It lick cleans all wounds and readies one for better things. Gratitude can laugh at itself and others. Like its sister "forgiveness," it cannot be denied nor can it be stopped. It can melt mountains of resentment, of shame, of fear. Nothing heals like gratitude.

He keeps a special vision close at hand and heart. How wonderful the world would be if each and every person could be sated, be joyous because one recognized that each breath was self-love prayer. The seat of gratitude is change, so therein lies infinite possibility.

Gratitude is like laughing while you orgasm—it feels good and that's it. This is the birthplace of piety. One might want to ask one's self, what, if anything, are they grateful for? Compliments wear off, money and beauty fade. Everything is on loan. What is left?

What are you grateful for?
The questions begs an answer because therein lies the key to happiness. Like energy attracts itself so be aware: it is the grateful farmer who yields a strong and bountiful crop. Don't get caught up in the illusion of happiness of another; don't covet thy neighbor's gifts. Were you to turn you head and look at your feet, you might spot your own blessings. Wishing for the good fortune of others saps your moment, and milks its nectar so that by the time it hits your tongue, it is tasteless. Learn only to thirst for your own.

Gratitude is its own reward, its own perpetual garden. He knows that of the few whom read this meditation fewer will take this matter directly to heart. Yet he is not deterred. He knows the power of words. Each one leaps off the page and into the consciousness and nests until plucked for consumption. One might have to lose everything of value, stripped of clothing, rocked by disease, fleeced of finance, struck by tragedy or death, or locked and beat down to truly see and yearn for the fruit. Gratitude swings swollen with patience. It waits quietly on the limb waiting to nourish lonely hearts. When you decide that you are ready to accept gratitude, sate yourself on its medicinal splendor.

He writes in a gratitude journal as an exercise. For doing so helps him bring the matter of life into sharper focus. The moment becomes the matter and this is the birthplace of blessings, numerous, infinite. So pain and fear cease to be. For him there are no more monsters under the bed or demons in the closet. No more time spent trying to convince anyone of anything. He is his own thing again, like when he was born. Only now he is his own caretaker. This is bliss.

Gratitude, he thinks, is the highest form of worship; perhaps the only true form. One needs no intermediary to practice gratitude—no preacher or pope, no dogma or liturgy—it is efficient, effulgent, easy. The sole function of gratitude is to cast a light on the perpetual dance between the heart and soul. It is breath and intuition, sight and smell, taste and touch illuminated. Nothing is more satisfying than gratitude, he thinks, because it is love in practice.

FIRST AFRICAN-AMERICAN TO CHAIR FEDERAL SALARY COUNCIL APPOINTED BY PRESDIENT BUSH

BY AKILAH MONIFA

What is the Federal Salary Council and what does a black man who lives in Oakland have to do with it?

The Federal Salary Council makes recommendations to the Secretary of Labor, and the Directors of the Office of Management and Budget and Office of Personnel Management (the U.S. government's formal "Pay Agent") on pay adjustments for General Schedule (GS) government employees.

This "locality pay" as it is referred to, is discretionary and "variable" tying to which area of the country federal and military employees live.

There are significant disparities between the pay of federal government employees and their private-sector counterparts, with federal employees sometimes receiving 26%-42% less than their counterparts, depending on where they work.

This has a great impact on the federal work force, especially the large number of minorities working in regional offices (estimated at 52% of the federal employees, one-third of which are African-American).

This can have a direct impact on performance of their work as they interface and serve the public. (As an example: In San Francisco, a GS 12 employee may make $76,000 a year.

Sam Wallace, a Republican African-American Oakland businessman, founder and Chief Executive Officer of Williams Wallace Manag-ement Consultants, an Oakland consulting firm, has been appointed by President Bush to serve as Chair for the Federal Salary Council, being one of three residential appointments to this body from the private sector, representing labor relations and policy issues.

Wallace, through his work on the council as chairman, will make recommendations to increase the salaries of federal employees.

Folks are impacted directly if they are federal employees and/or families of federal employees. But the community is also affected when we rely on customer service from federal employees.

As they say, happy workers are better and more productive workers. Certainly these disparities of pay have a negative impact on the working conditions of federal employees.

In addition to Wallace, President Bush has appointed almost 80 Black people to various posts in his administration.

Wallace has a history of service to Republican Presidents and to local government.

From 1989 to 1993,he served as U.S. Department of Labor's Regional Representative (California, Nevada, Arizona, Utah and Hawaii) under Secretary of Labor Elizabeth Dole. From 1994 to 1998, he was an appointee of California Gov. Pete Wilson to the State Jobs Training Council.

He was appointed by Supervisor Keith Carson to the Alameda County Workforce Investment Board, and is an outside advisor to Supervisor Nate Miley. He serves as an officer in 100 Black Men of the Bay Area, and to the Sickle Cell Anemia Advisory Council. Wallace also served as Vice-Chair of the Minority Caucus of the White House Conference on Small Business.

Wallace is a native of Brooklyn with a B.A. in Economics from Howard University and Master's Business Administration (MBA), Finance and Marketing - Columbia University.

He's married to Greta Gross Wallace, a State of California Administrative Law Judge; and has a son, Samuel Christopher, who is 8.

For more information on the Federal Salary Council and its recommendations visit the Website at http://opm.gov/oca/fsc/index.asp.

Ayana and Ayinke

music review

MEMBERS: **Ayana and Ayinke**

ALBUM: **Always Remember**

SINGLES: **Eventhough - Buzz cut**
Strangers to Lovers – Official 1st single

RELEASE DATE: **February 2003**

EXECUTIVE PRODUCERS: **AAries, Jerome Hipps, Mike McArthur**
CO EXECUTIVE: **Carmui, Ahmir "Questlove" Thompson, Andres Harris, Vidal Davis**

Classically trained vocalist and sisters Ayana and Ayinke Hipps, who together make up the duo Aaries, began singing in church at an early age. Now in their twenties, these beautiful sisters have put miles and months of experience under their belts as background singers for soul-singer Musiq Soulchild. They were prominently featured on a number of songs from Musiq's platinum debut album including his 3rd single "Girl Next Door" (which featured Ayana in the video)

Poised to take their big step on their debut album entitled Always Remember, Aaries has compiled an array of heartfelt songs, oozing with soulful purity and honesty about love, relationship and friendship.

Hailing from Philadelphia, Aaries is guided by Mama's Boys, a seamless coalition of management, producers and songwriters whose ear for music and keen insight are driving the success of Musiq's career and the revitalization of classic soul music... inspired music... good music!

Ayana and Ayinke have unique personal style. They often craft their own clothes, injecting a blend of couture and trend with ethnic sensibilities. They are poised, educated, well spoken, and radiant and have voices that evoke joy.

For more information contact
Sydney Margetson
212.707.2262
Sydney.margetson@atlantic-recording.com

What in the World Happened in Miami!!

by Donna Payne
Human Rights Campaign

The vote is in and Miami Dade County's law that protects people from discrimination based on their sexual orientation will remain as law.

was a narrow victory, but we are happy ee a victory.

ust recently I returned from Miami king with the Religious Roundtable to ct the repeal of Miami-Dade County's rights amendment.

he amendment prohibits housing and discrimination on the basis of sexual ntation.

imple, right?

ust an amendment to give us a right to e a job and a decent choice of where to . The amendment passed in 1998 with a 7 vote. That turning vote was an African- erican who was lobbied for months ore he "saw the light" and voted in port of the amendment.

The entire history of this amendment goes back to the Orange Juice days of Anita Bryant. Since I had not known my GLBT history at the tender age of 14, I missed that story and thought Anita Bryant was the leader for Minute Maid.

It was enough to keep up with my own African-American history!

However, Bryant was a busy bee in 1977 and used her popularity as a spokeswoman to kill a Miami-Dade County amendment to protect gays from discrimination. That stayed on the books for 25 years.

Finally, we get it reversed in 1998 and then they attempted to repeal it. So, I know you are saying, "Donna, where do I fit into this picture, why do I have to care"??? Well, take note, the conservative religious groups have moved into the African-American religious territory and they are hijacking our black ministers into fighting us because they think we can change our sexual orientation for God.

Yep, I said hijacked because the first minister they took advantage of is deceased and left a strong legacy for us – the late Dr. Martin Luther King. And that is why you should be concerned about what happened in Miami – Dade County.

What happened here will reflect whether black ministers will involve themselves actively in discriminating against us in other cities.

Two weeks before I left for Miami, HRC had gotten word that the battle was heating up in Dade County because Take Back Miami (a conservative group that gathered enough petition signatures to put the repeal proposal on the September 10th ballot) was targeting people of color communities.

The battle heavily sliced into the Hispanic community, but well formed groups of African American ministers were approached by the executive director of People United to Lead the Struggle for Equality (PULSE), Rev. Nathaniel Wilcox (a black man).

Oh, did I forget to mention that he is also the co-chair of Take Back Miami! Rev. Wilcox received the endorsement of the African-American Council of Christian Clergy. The endorsement was printed on a flyer with Dr. Martin L. King, Jr's picture that stated "Martin Luther King, Jr. would be ashamed if he knew that homosexualist extremist were abusing the civil rights movement to get special rights based on their sexual behavior."

The flier was handed out at 300 African-American churches in Miami-Dade County. In one week's time, the polling began to show that it was up to the African American community to turn the vote on this ballot.

The flier became national news and Coretta Scott King put out a statement saying that Dr. King was supportive to gays and he had told her so in their private conversations about the matter. The communications director for Take Back Miami, Eladio Jose Armesto responds to her comment by saying "Coretta Scott King is entitled to her opinion. She can't speak for her husband, though."

I almost fell out of my chair at work when I read that statement. Armesto must be talking to Dr. King from the great beyond to even think he could discount what his wife of a lifetime knew for sure. So here we are, faced with our own Dr. King being hijacked from us and used against us.

In Miami, the Religious Roundtable gathered 175 religious people from diverse religious backgrounds to do door to door canvassing. Although we had some African-American ministers and African-American people to join us, there was not enough to knock on doors in black communities.

There has been tremendous outreach done, but no one thought it would go this far. Knocking on doors and talking to our folks gives you a clear sense of reality. I knocked at one woman's door and she said "I don't know what I'll do, I have to consult my pastor because I got that flier...." I received that response two other times.

I talked to other African-Americans that walked door to door and they received a similar response. It would be great to say that Coretta Scott King put out a national statement and that took care of this whole incident.

It's great to know that the NAACP supported us by releasing a statement informing people to not be fooled by the flier and vote "no" on the repeal. However, we still have work to do. You see, Miami Dade County is being watched nationally by conservative groups to see what the out-come will be. With the strategic moves of using the black community and all com-munities of color, they see a successful way to defeat us, infiltrating our Achilles heel – our faith.

When Anita Bryant fought in 1977 to kill the amendment, the religious conservatives across the country used similar strategies to create sweeping legislation against gays. Discrimination ran rampant because it worked in Miami Dade County.

In the state of Washington, we h
African-American clergy also teaming
with the religious right to keep us fr
having relationship and family protectio

The relationship between the two star
last year and a number of black minist
from the Tacoma Ministerial Alliance
gathering signatures now to remove "sex
orientation" and "gender identity" from
city's anti-discrimination law. The sa
strategy is being used. Federally, the
ligious conservatives have hijacked a
more African-American ministers. T
have asked for a federal amendment
the constitution that states marriage
between a man and a woman only.
battle is on.

If they are not saying you don't hav
right to have a job or a home, they
saying you don't have a right to ad
children and – forget getting married
having rights equivalent to marria
Continue jumping over a broom fo
symbolic approach!

There was some saving grace in Mia
Last week, one co-chair and 4 member
Take Back Miami were arrested
charged for signature fraud on the petit
drive. They found discrepancies in a lo
signatures, some were signed 3 or 4 ti
on a sheet. Rev. Wilcox said that the GL

anizations were behind the scandal.
. Wilcox is the co-chair that hasn't been
sted. He is African-American and our
jest thorn on the issue. His brother was
and died of AIDS.

e believes his brother should have
nged his ways and blames him for the
ision he made (to stay gay). Rev.
cox has vowed that they will do another
tion drive against us!

lthough, we won this time in Miami, we
e to prepare for other ballot initiatives
this one. This is where you come in.

's time to let people know that the
ıtegies that are being used in our
ımunity will not work. Put your
itual armor on and have that talk with
r pastor about who you are. It means
ting involved by volunteering to call
r elected officials. The vote for
oma, Wash., happens November 5. We
't need our ministers to be hijacked like
King and the African American Council
Christian Clergy. We don't need to see
happen in other states. Let's send the
ssage, Anita Bryant's days are gone and
Dr. King rest in peace.

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NOVELIST PENNY MICKELBURY DOES WHAT SHE HAS TO DO

By Stanley Bennett Clay

In "Love Notes", the latest installment in novelist Penny Mickelbury's popular Gianna Maglione/Mimi Patterson mystery series, DC police lieutenant Maglione and her investigative news reporter lover, Mimi Patterson, are looking for the murderer of well-to-do, older lesbians, courted over the internet and lured to the nation's capitol.

That Mickelbury is herself African American, lesbian, and a former news reporter, creating a series featuring the world's first successful literary lesbian crime-fighting duo seemed no big deal. But then Œfirsts_ tend to be normal for 53-year-old Mickelbury. In 1970 she was the first black reporter at The Athens Banner-Herald in Athens, Georgia. In 1972 she was one of the first black reporters at The Washington Post, and was one of seven who brought a historic discrimination suit against the company.

So, having written seven books published by other publishers (including the popular Carole Ann Gibson series published by Simon & Schuster), Mickelbury and her business and life partner, actress Peggy Blow, decided to operate their own publishing house, Migi Books, and "Love Notes" is their company's debut product.

"Publishing one's own work is a way of regaining control of one's own life and destiny," Mickelbury says, "not leaving so much crucial decision-making power in the hands of other people---of any stripe, but particularly of white people. There are things that are peculiar to us and required for us because of memory and history."

Though black lesbian publishing companies are not new (precursors being Kitchen Table Press and Red Bone Press), one aimed at the mainstream and featuring a writer with established mainstream success puts a new spin on the old underground/small press standard. Early response to "Love Notes" is good news for the burgeoning company and it's literary star. Mickelbury's core fans, many of which are members of numerous black women's reading groups scattered throughout the country, have given "Love Notes" a positive buzz and sales have been brisk.

"Peggy and I believe, as women of a certain age, particularly "colored' women of a certain age; we are past a certain point in our lives where we require, or are willing to wait for external validation.

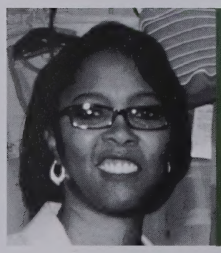
"I know what I_m doing, I know how to write, and I've been published long enough to know what that is. We know that we can do this. And technology makes it possible to do it. We have knowledge and we don_t mind working hard."

"I had magnificent role models. The black women who surrounded me in my life were extraordinary women for their time; the black women in the South. I'm a southerner. Atlanta is my home. My mother was the librarian at Spellman College, my godmother_s family owned the hospital, my other godmother's family owned the black newspaper, another friend of my mother, her family owned the mortuary."

"My father was a college graduate working on his Masters, and the only job he could get was either in the post office delivering mail or as a Pullman porter, so he said "Well, I'll be damned, I didn't put myself through school to serve white people on a train." And so he made a business for himself. He ran his own contracting company. I grew up with people who did what they had to do."

And Penny Mickelbury is doing what she has to do. "I love writing. There are always stories for me to tell. This is not work for me. It is not a hardship for me to be at the computer 8 to 10 hours a day because I love it. So, while it has been exhausting, the primary thing is that it is rewarding."

Leaving a Legacy to Your Grand Children



by
Denise Liggett

In the past, most people believed that hard work would create the opportunities for their children to have a better life. After all, that was the American way.

Today, many parents and grandparents feel that the younger generation will have a much tougher time establishing themselves. The cost of a college education seems to be skyrocketing, while the career choices available to even the highest-ranked college graduates seem more limited.

Here's where a generous grandparent can often help. Perhaps you have accumulated a substantial amount of money during your lifetime, some of which you want to pass along to your grandchildren. If this is the case, keep in mind that Uncle Sam has made it difficult for you to give your family a leg up on life by imposing a complicated system of transfer taxes—estate tax, gift tax and generation-skipping tax — that could limit the amount of your money actually going to your kids and grandchildren.

Estate and gift taxes are charges imposed on property transfers. A generation-skipping tax may be imposed whenever property is transferred to a person two or more generations younger than the donor, i.e., from grandparent to grandchild.

Outright Gifts

If you simply want to give money to your grandchildren, you can avoid gift taxes by limiting gifts to $11,000 annually per recipient ($22,000 if gifts come from you and your spouse). You are also entitled to a lifetime credit known as the unified tax credit which effectively credits $1,000,000* (per individual in 2002) of transfers subject to gift or estate taxes and a $1,100,000 exemption for transfers subject to generation-skipping taxes. The unified credit can be used throughout your lifetime to offset gift and estate taxes. The taxable estate includes all assets owned at death as well as certain properties that were transferred as gifts during an individual's lifetime. Keep in mind, however, that if you make an outright gift, your grandchild will be free immediately to do with it as he or she pleases.

Create a Trust

You can put more restrictions on gifted money by creating a trust. The tax-free $11,000 you can give each year will be held and invested until your grandchild reaches a designated age. Special provisions in the trust are required to receive the benefits of this gift tax exclusion.

As your grandchild grows, any investment returns accumulating in the trust are not considered part of your gift. So, by investing this money wisely, a substantial legacy can be created for your grandchild.

The Irrevocable Life Insurance Trust

Many estate-planning experts view the irrevocable life insurance trust as one of the most efficient ways to leverage gifted monies. After you create a trust for your grandchild, it purchases a life insurance policy on your life, using your annual gift to pay the premium. Because a premium payment may provide many times its value in life insurance coverage, the potential value of your grandchild's trust may be increased instantly ten- to fifty-fold.

The policy values accumulating in the trust can grow tax-deferred until distributions are taken or the policy is surrendered. Policy values may be able to be accessed income tax-free by the trustee using policy loans**. And, generally, by naming your grandchild as beneficiary, he or she may receive substantial tax-free insurance benefits at your death.

All tax information is based upon our general understanding of current federal tax rules and is not intended as tax or legal advice. The trust you create for your grandchildren must be carefully drafted so that your gifts are handled according to your wishes and the law. The guidance of an attorney and tax advisor who specializes in estate planning is recommended.

If you are interested in establishing an insurance trust for a family member, there is more you should know. Please give me a call.

** Under the Economic Growth and Tax Relief Reconciliation Act of 2001, numerous changes to the federal estate and gift taxes are scheduled to take effect between 2002 and 2010. These include repeal of the estate tax for the year 2010 although gift taxes on lifetime transfers would continue in effect. 2001 estate and gift tax law would be reinstated for year 2011 and thereafter. Therefore, the Act provides several years of lower rates and higher exemptions followed by one year of repeal for 2010. AXA Advisors, LLC does not provide legal or tax advice. You should consult your tax advisor regarding the possible application of this recent legislation to your situation before implementing any estate and gift tax planning techniques.*

***Tax-free status of policy loans depends upon various factors, including keeping the policy in force. Policy loans will reduce the cash value and death benefit.*

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THE SECRET RELATIONSHIP BETWEEN

No matter what your position is within an organization, whether the organization is a for-profit or not-for profit, your experience within your organization is in part affected by the decisions and actions of government-municipal, state, and federal.

The laws and ordinances enacted by the legislative branches of government (US Congress, state senates and assemblies, city councils, etc.) as well as the regulations created by public regulatory agencies and departments set standards about a variety of workplace elements: the minimum wage, health benefits for domestic partners, safety and health standards, sexual harassment, racism, heterosexism, maternity/paternity leave, drug testing, etc. Government's role as a source of addressing wrongs within or committed by an organization is also important. Regulatory agents are in part responsible for investigating organizational wrongdoing and rule breaking. Judges are in part responsible for holding organizations accountable to the laws and regulations.

Nonprofits frequently see the role that government plays on issues within which nonprofits work. Many nonprofits receive significant funds from government agencies and departments or directly from public officials (many public officials within the legislative branch of government have a slush fund that they use to individually provide funds to specific organizations within their district). This is one of the reasons given for why most nonprofits are prohibited as a condition of their tax-exempt status from supporting individual political parties or specific candidates.

Nonetheless, government has a significant impact on what we do and don't do within our organizations and usually we are not all aware of when that impact is felt, how it's felt, or why. The effect of government on our work lives is generally invisible until we are faced with a crisis or other form of significant event. Then it becomes all too clear how much government has a role in how organizations function.

Organizations can and do influence government too. On the nonprofit side, organizations working on social issues provide government officials with valuable information that can lead to changes in legislation or regulatory standards or increases in funding for specific programs.

Organizations and Government

Nonprofits in some ways perform complimentary services to the public to supplement those services that the government provides directly to the public. In many cases, it is cheaper for the government to fund a nonprofit that provides a community service than to provide that service itself.

For-profit organizations provide funds to the government thru taxes. These funds are then used by the government to provide services back to the public and to nonprofit organizations. For-profit organizations and individuals with money also provide money to individual elective public officials through groups called political action committees (PACs). These PACs fund campaigns at various levels of the political landscape – municipal, statewide, and national elections. Lobbyists are another way for-profit organizations and individuals with money use to influence government legislative and regulatory action. Lobbyists not only provide people in government with information about an issue or position that they are paid to support. They also attempt to create the most favorable context for the person in government to hear what it is they have to say using a "carrot" i.e. campaign contributions, indirect access to mailing lists of organizations for campaign mailings, public support of an candidate, etc. or a "stick" i.e. letter/phone campaign from concerned voters, public support of a opposition candidate, etc. I say all this to say a several things: (1) know how government plays a role in how your organization functions so that you know how you benefit from or are hurt by that influence, (2) think about how you and your organization can (or already does) influence the government for your personal benefit and for the benefit of your organization, and (3) voting is just one basic method of influence that citizens use and can use to influence the government.

Let me talk a little bit more about this last piece. Voting by itself is meaningless. It's like masturbation.

It feels good but it doesn't make any babies. Voting on the personal level and on the social, collective level must be accompanied by careful, deliberate, and consistent communication with those people in government making decisions.

That means that after Election Day. There is still work to do. Learn the names, interests, and needs of those people in government who are making decisions about things that are important to you. Find out what their decision making power is and is not in terms of legislation, regulation, budget allocation and expenditure, etc.

Think about how you can use your knowledge of their needs to create appetizing "carrots." This may sound too far out of your abilities but it really isn't. You never know what you may have that could be used to help influence the way government works until you start to think about it. Too often we think about using our "sticks" when a crisis situation occurs. I'm suggesting using your "carrots" to limit the potential number of crisis situations that may occur. This to me is real political power.

Build those relationships because Election Days are only a couple of days out of 365. What you do the rest of those days is just as important. After the celebrations are over post-Election Day, there is much work to be done. Lastly, make sure you check with the appropriate election, campaign or political ethics regulatory agency to verify what you legally can and can't do to influence a public/elected official. Things like joining a campaign are pretty straight forward but other activities are a lot more complicated in terms of determining their legality and ethics. So be aware and be careful.

Here are a couple of Web sites that may help you to see how the federal government influences organizations – Occupational Health and Safety Administration of the US Department of Labor (http://www.osha.gov), US Equal Employment Opportunity Commission (http://www.eeoc.gov). There are many state and municipal agencies with similar authority at those levels. You may want to check your states' and/or city's Web site for information on those agencies.

Take action and enjoy.

This column is dedicated to discussion of work and career, leadership, supervision, and management, organization development, and institution building. Please e-mail your questions or suggested themes to heru@profoundmoments.com.

Author: Hameed S. Williamsm, aka Heru Khuti
Founder and President, KHPRA Consulting and Training Services

Figures of Days Gone By

Painter: Bryan Keith Thomas

By

MacArthur Flourney

"It's scary to create artwork that tells the truth. The element of time presents itself in a reflective surface. Sometimes, time presents itself in figures of days gone by."

Bryan Keith Thomas

Before Bryan Keith Thomas, left his native town of Eyersburg Tenn., and earned a Masters of Fine Arts in Painting & Drawing from the University of Tennessee, Knoxville, or the Bachelor of Arts from the Savannah College of Art & Design, Thomas would spend time with his grandmother in her garden where she gifted him with the love of "flowers, landscaping and spirituality."

"She never assumed that tomorrow would be here. She would say things like 'I'll plant those flowers tomorrow – the Lord willing.' Spirituality was a large part of her life and she taught me that through her life"

As a Professor of Fine Arts at the California College of Arts and Crafts, Thomas 33, loves the freedom his position affords him to teach classes in painting and drawing with creative freedom. Still, he is no less convinced of the significance of his presence in the academy.

"I spent seven years in college and I never had one black professor."

Thomas attributes his profession in the arts, to an upbringing where craftsmanship was revered and art was respected.

"I have always created art. I lived in a neighborhood where many people were in their 70s and 80s. They were craftsmen and furniture makers. They

used to collect furniture and it was through collecting furniture, that I learned about craftsmanship," he said. "My art is about lineage as it relates to permanence. My love of craftsmanship relates to my upbringing."

However, it was in college that Thomas' work took a definitive shift towards incorporating imagery and historical themes reflective of the African-American experiences.

"I had one professor in college tell me that I should forget about the African aspect of my work and focus on the victorious aspect. That was my wake-up call. I was reminded of my own physicality. I had been given a limited language. I realized at that moment that my body played a part in how others saw me. We are spiritual beings but we live in a physical body. It was then I began to use African-American images."

Thomas embraces physical beauty as an aspect of his appreciation for art and symbolic of the relationship between the spiritual and the sensual.

"If you do not love what's going on, in your inside then you are not going take care of the outside," he said. "My work is about permanence, beauty, form and simplicity. It's all related."

Themes of spirituality, sensuality, racism and discrimination can and

often do appear in the same painting depicting the depths of this artist reflection on the world in which we live.

In one series of mixed-media creations, Thomas incorporated actual wood from the site of the notorious church burnings that took place throughout the South.

"I went to the site of church burnings and collected wood. "It [the wood] beckons a different kind of energy," Thomas said. "The ancestral presence is constant."

As a black gay man, Thomas is very clear about the influence of his sexuality on his work. "It always shows up with subtlety in spirited forms. The work is more sensual and sexy," he said.

"We are living in a time when it's not OK to be anything other than heterosexual."

At press time, Thomas was preparing to depart for a journey to South Africa to facilitate a cultural exchange through art.

"I'll be visiting two churches and giving lectures. One will be in Clifttown, Johannesburg and the other is "Hope and Unity" with a largely gay and lesbian community." Thomas said. "The goal is to help participants identify their spiritual ancestors through a creative exchange of gifts from African-Americans to South Africans."

The interplay between spirituality, sexuality, history and the creative process, though complex represent the nature of Thomas' work. Yes. There is simplicity inherent in this artistic creations.

But there is also complexity, depth and the prevailing presence of spirited beings that have come from afar to bring their particular brand of light.

"It's scary to create artwork that tells the truth. I am committed to making more provocative images. The element of time presents itself in a reflective surface. Sometimes, time presents itself in figures of days gone by," Thomas said.

nuevo: [nu•wāv•o] **new** / adj.

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3. just beginning to be used; fresh.

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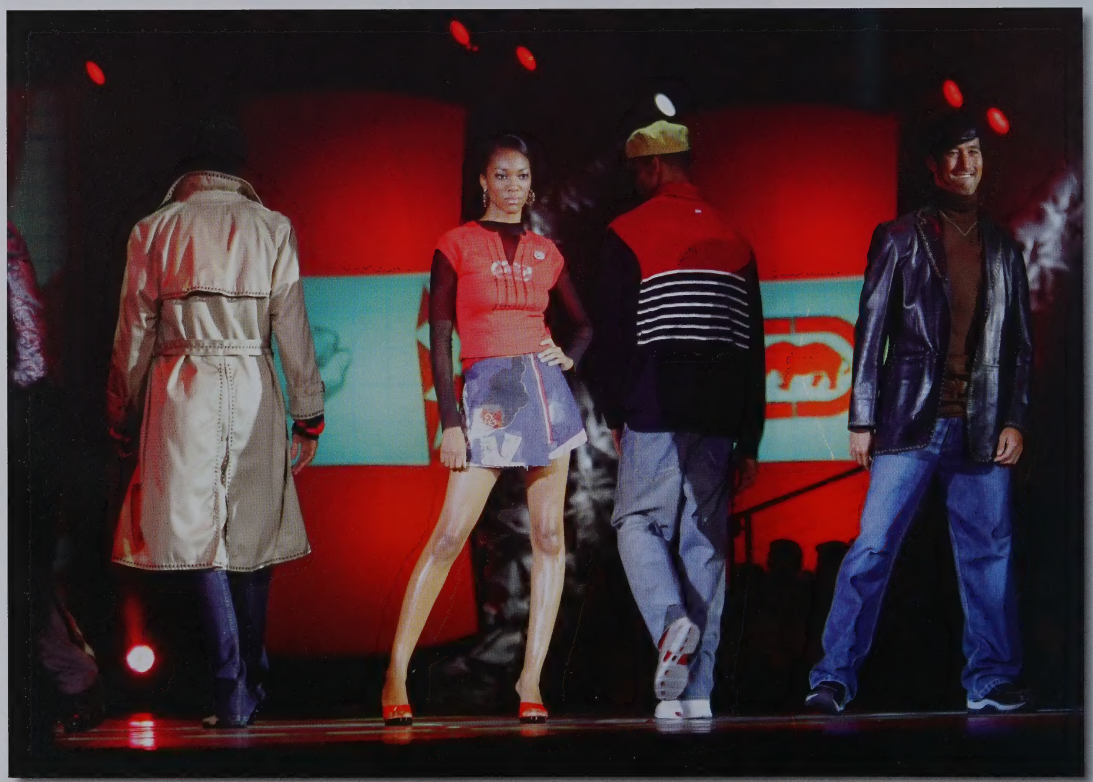
san francisco, ca

photographed by Robert Bengston / Bengston Photography



Local photographer, Robert Bengtson, recently finished shooting this year's Passport event for Macy's. What began as a men's fashion show held in Macy's employee cafeteria for an audience of 300 has evolved into a fashion extravaganza that has raised over $15 million for HIV/AIDS research, prevention, treatment, and care. This year marked the 20th anniversary of Macy's Passport, which became an HIV/AIDS fund-raiser in 1988. Passport combines fashion and compassion, highlighting the best of Macy's fall collections for men, women, and children. This year's featured designers and collections included: Nike, Hugo Boss, RIPS, WonderBra, Ecko Unlimited, Tracy Reese, Iceberg, and I.N.C.

To see more of Robert's work, please visit his website at www.bengtsonphoto.com

St. Lucia: A West Indies Gem

Island Overview

One of the Windward Islands of the West Indies' Lesser Antilles, mountainous St. Lucia is a brilliant, green jewel in the blue Caribbean Sea. The 238-square-mile island is shaped like a mango – about 27 miles long and 14 miles at its widest. From the Pitons majestic twin peaks rising above the southeast coast, to Mount Gimie – the island's highest point – set deep within the rain forest, to its miles of pristine beach, St. Lucia offers astounding natural beauty.

St. Lucia's climate is mild (the mean temperature is 79 degrees Fahrenheit), with almost constant trade winds providing cooling breezes. June to November is the rainy season, but showers, though heavy, typically are brief, and should not deter the off-season traveler.

Rich in Resources

St. Lucia's fertile, volcanic soil grows a vast supply of fruits and vegetables, making it one of the leading banana exporters in the Caribbean. But its natural resources are far from its only assets. The island has produced two Nobel Laureates – the late Sir W. Arthur Lewis won the Nobel Prize in Economics in 1979, and poet Derek Walcott won the 1992 Nobel Prize in Literature.

Careful development has ensured that even with increased tourism, St. Lucia's visual beauty is untouched. Its wide range of guest accommodations – from all-inclusive, full-service resorts to the most intimate inns – are all tucked away within lush, tropical foliage.

Recent laws have been passed to protect St. Lucia's rich environment. Most coastal waters surrounding the island are now protected areas, and no spear fishing or collecting of live fish is permitted, in order to preserve the environmental integrity of St. Lucia's waters.

An Island Orientation

St. Lucia's many attractions stretch from its northernmost to its southernmost points, and from its east to west coasts. Spanning from east to west, more than 19,000 acres of verdant mountains and valleys carpeted in lush foliage, is the St. Lucia National Rain Forest. This protected land is home to exotic wildlife, giant ferns, wild orchids, and St. Lucia's own rare and indigenous parrot, the Jacquot.

On the west coast, near the northern tip of the island, are Pigeon Island, a 40-acre islet boasting two beaches and remnants of an 18-century British naval garrison, and the yachting center of Rodney Bay. In the northwest of the island are St. Lucia's bustling capital city of Castries, the majority of the island's resorts, Vigie Airport, and – a little further south – scenic Marigot Bay.

Soufrière, a picturesque fishing village, is to the southeast, near such attractions as the Pitons, the spectacularly multihued Diamond Falls and Mineral Baths, the world's only "drive-in" volcano, and more. Vieux Fort, the island's second-largest port, is perched at the southern tip, near the Hewanorral International Airport and the Maria Islands Nature Reserve. Rocky cliffs hug the spectacular, less-developed Atlantic coast, and the road back north takes visitors past several small villages and another offshore nature reserve – Fregate Islands. Crowning the northernmost point of the island is Cap Estate, home to some of the island's finest residences as well as a public golf course and the Derek Walcott Theatre.

A Brief History

St. Lucia, like much of the Caribbean, was settled by Europeans, who brought slaves from Africa and set up a plantation economy. In the 18th century, St. Lucia was at the center of the colonial struggles between the French and the British. The island changed hands 14 times before becoming a British Crown Colony in 1814 under the Treaty of Paris. St. Lucia gained its independence on Feb. 22, 1979, and has developed into a stable and prosperous Common-wealth country. A strong French influence remains, most noticeably in the local Patois dialect and also in the cuisine.

Island Flavors

St. Lucia is a food lover's island and offers something for all tastes – from Caribbean specialties to international cuisine – served in a wide variety of restaurants, both independent and at hotels. Most are open-air and capitalize on the island's extraordinary views. Among the local specialties are green figs and salt fish, leafy callaloo soup, curries, and pepperpot stews. Much of St. Lucia's cuisine is based on its plentiful and exotic produce (including mangos, bananas, papayas, pineapples, soursops, passion fruit, guavas and coconuts) as well as seafood from its shores (especially dolphin fish and flying fish). Rum flows freely, as does Piton, the local beer.

St. Lucia at Play

Recreational options abound on St. Lucia. Watersports are a way of life on this island, which boasts some of the best underwater dive sites in the Caribbean. Many hotels offer scuba diving facilities and snorkeling equipment, as do a number of independent dive centers. St. Lucia has also become one of the region's main centers for yacht charters, with operations at the Rodney Bay Marina and at Marigot Harbor. Deep-sea fishing charters are also available for whole and half-day excursions.

Land activities are also plentiful. St. Lucia has two golf courses (one open to the general public), tennis facilities at most major hotels along with several squash courts, fitness centers, and several stables for horseback riding. Hiking on miles of nature trails and bird-watching are among the options for naturalists.

A Shoppers' Paradise

Shoppers will find plenty of fine island crafts and duty-free items for mementos and gifts. Baskets, wood carvings, pottery, handscreened clothing and batik textiles are all excellent buys in St. Lucia. Pointe Seraphine, a harborfront shopping complex, offers duty-free imports such as designer perfumes, crystal and china, as well as wood carvings and other local handicrafts, in more than 20 shops. In addition, Castries' market is the place where vendors have gathered for more than 100 years to hawk fresh fruits and vegetables, spices and local crafts. Open daily, it is especially lively on Saturday.

Getting Around

St. Lucia offers a wide variety of organized ground, air and boat excursions for visitors who want to explore various aspects of the island – from its shops to its plantations, historic sites, natural wonders and more. Taxis are also plentiful. For those who prefer to drive themselves, many of the major rental car companies have offices on the island. An international driver's license is valid on St. Lucia, but a driver with only a U.S. license must obtain a St. Lucia license – these are readily available through rental car companies. Driving on St. Lucia is on the left.

Getting There

St. Lucia is home to two airports, Hewanorra International Airport at Vieux Fort, and George Charles Airport near Castries. A number of major U.S., European and Caribbean airlines provide convenient service to St. Lucia from dozens of gateways.

To book a package, contact your travel planner. For more information, please contact the St. Lucia Tourist Board at Vide Boutielle, Castries, St. Lucia, West Indies. Telephone (758) 452-4094 or toll-free (888) 4-STLUCIA; Fax (758) 453-1121. Information on St. Lucia is also available on the Internet at www.stlucia.org.

Good People

by Martin Grizzell

Nowadays, I don't hear folks younger than 40 using the words "good people" to describe people they know or once knew.

But talk to the older generations and it is a common description attached to a person or group of people.

At one time, these were key words, an ultimate referral, when inquiring about someone or their kin.

Upon departing the home office of a fellow consultant, she and I engaged in our customary prep talk, encouraging each other to stay positive about future contracts and our mutual success, when she honored me with this adjective. "You're going to be just fine Grizzell because you're 'good people.'

I responded, "All I need are your freckles and figure and I'll be as good as gold." We laughed and said our goodbyes until the next time.

The next morning, while at my day job, my day boss had suddenly fallen ill. I arrived at the office early. She arrived earlier to unlock and warm up the space, but she looked pale and worried. She suffered major chest pains before coming in and felt a doctor's visit was in order.

Her husband accompanied her this morning. After my boss made some calls, she and husband prepared to leave.

"I'll return after the tests," she said.

I countered, asking her husband to not allow her return. He responded lightly, with humor saying, "You know, my wife loves helping people. She's put up with me for 42 years... I'll do what I can."

From 9 to 5, I work for a nonprofit HIV/AIDS service agency that has been nearly devastated by the economy's turn. My boss was brought in as the Interim Executive Director to save the organization. Preceded by a fine reputation, she is doing a wonderful job despite the odds.

She has made major purchases of office equipment and gone without immediate pay to make sure the agency's doors remain open. My boss is "good people." And the prerequisite to being in that number is having an agenda that's about helping people.

During the great migrations from South to North and Northeast "good people" was used frequently. You could count on a person or their family upon arrival in the North if they were referred to as "good people."

If they couldn't help directly they would surely send you to some other "good people" after serving up some delicious hospitality. "Good people" was the network password.

Back in the '60's I remember Sunday dinners after service. Grandma Ethel was a professionally trained cook and a collector of German porcelain. Sunday dinner was a classic yet unpretentious event. Yams, creamed corn, collard greens, macaroni and cheese, cornbread and smothered rabbit would be on line down the center of the dining room table.

There were always guests. These two ingredients made for excellent conversation. And it never failed to attract "good people." Their stories would often be funny. Gesticulations, significations and mimicry were commonplace. The tales never failed to end with, "You know, Brother so-and-so is good people, crazy as all get up, but good people just the same." There'd be laughter and a beat and someone else would start their funny story.

I miss this conversational trademark, this password within our community. My day and night bosses reminded me, in their various circumstances, that to achieve this special accolade, a primary life goal must be to help people.

Grandma Ethel's high school class motto was, Enter to Learn, Depart to Serve. I hope that my generation will reinvigorate that old cliché, "good people." As we focus on what we can do to help each other, in decades to come we'll be able to sit around our respective village baobab trees with our grandchildren, telling our stories, making them think and laugh at the same time.

I'd love to be talked about like that. "You know, that Grizzell can be as moody as a pregnant mama, but he sure is good people. Next time you're in the Bay Area you should look him up. He'll treat you right."

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A National Call To Action

November 2002

Twenty-one years have passed since the first case of AIDS was reported in the United States. Since then our nation has made significant progress in caring for and treating persons living with HIV and AIDS – both home and abroad. However, sometimes progress gets in the way of ultimate success. With the introduction of life-prolonging antiviral therapies has come mounting public complacency about the threat of HIV. The stigmas and discrimination associated with AIDS two decades ago still plague those living with the disease today. And America's system of HIV/AIDS care is a complex patchwork of programs and unpredictable financing mechanisms created to care for people dying of AIDS, not living with HIV.

For the first time in six years our nation experienced in 2001 an increase in AIDS-related deaths, and HIV infection is on the rise – especially among communities of color, women and youth. In fact, 50 percent of all new HIV infections occur in young people under the age of 25. And of the nearly one million persons estimated to be living in the United States with HIV, a third are not receiving HIV care and a quarter are unaware of their HIV status. It goes without saying, America and Americans can do more.

AIDS Actions calls on everyone living in the United States – community leaders, Members of Congress, business owners, immigrants, religious leaders, mayors, media, the President, labor, state legislators, educators and non-governmental organizations – to recommit themselves to the fight against HIV and AIDS until its over. Political, religious and social differences must be set aside while we collectively engage in a national strategy to end HIV infection in the United States, and build a stronger, more accessible system of care and quality of life for those already living with HIV and AIDS. The time is now for a National Call to Action.

until it's over

AIDS **ACTION**

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202.530.8031 f
www.aidsaction.org

The images contained throughout this document represent individuals synonymous with the AIDS epidemic in the United States and should not be interpreted as endorsement of the National Call to Action.

Don't Wait Until Tuesday

By Clarence J. Fluker

Sadly, there are those that think that Christmas is the only time that they should be nice to neighbors and celebrate the spirit of giving.

What is just as unfortunate is that far too many people only participate in the American political process on Election Day.

Some things shouldn't be thought about only once a year. Goodwill and politics are two of them.

Politics - according to the dictionary - means the affairs and activities of those engaged in controlling or seeking to control government. And, whoever controls the government, on the local, state and national level controls the distribution of resources and policy outcomes.

Because the distribution of government funds and services are so important to everyday life and because policy outlines the boundaries of everyone's existence, we must choose to be aware of the political agenda of our friends and foes at all times. Everyone should actively engage in politics so that all communities may equally benefit from the distribution of resources and policy outcomes.

Raising some hell at the ballot box one Tuesday per year isn't enough. Only constant involvement will result in the progress necessary for a sizable change in the way city, state and federal governments are run.

Direct involvement in the political process must include what some activists call thanking and spanking elected officials.

Thanking them by periodically contacting their office to let them know that as a constituent that you're aware of the work that they are do, that they have your support and that they'll be rewarded with your vote during the next election cycle.

Spanking them by contacting their office when situations not to your liking arise and letting them know that as a constituent that you don't support what that they are doing or intend to do. It also helps to remind them that you will make your voice heard again on Election Day. And reassure them that it may be a sound that they won't like.

Public servants cannot be allowed to become complacent.

They must be held accountable to their constituents for the entire length of their term not just the final few months.

In the same token, we as citizens cannot falter in our watch over what our elected officials are doing. Raising the level of awareness of what is happening at City Hall and on Capital Hill is essential to democratic vigilance.

Two, four and six year response times are not adequate. If we wait until the next election cycle to ask an elected official for accountability it could be too late.

A sense of urgency must always remain present in politics because so many matters are urgent, particularly on the local level where modifications to policies are more easily seen in practice.

As Americans we should be concerned a great deal with the threats on national security by foreign interest groups and the state of the economy.

As African-Americans we should be concerned with being secure from America, preserving historically black colleges and universities, the prison system and a myriad other issues.

As an African-American gay man I am concerned with local legislation affecting same-sex couples.

At any given time there are numerous reasons why I have a personal stake in what is happening with government because the decisions that they make will effect the distribution of resources and policies that will eventually affect me.

Like anyone else I am multidimensional and have a diverse group of foreign and domestic interests. Because I have a number of interests and concerns I couldn't possibly do justice to them by minimizing their value to one day of attention or place any single issue far ahead of others on my personal political agenda. I must work for favorable outcomes on each of them all the time.

As a citizen, it is my duty to my shared communities and myself to try to influence policy. Power is in the hands of the people who elect policy-makers. We put them into office and we can put them out. While they are in office, however, it is up to us to voice to them how we want them to go about representing us.

We make our voices heard by sending personal letters because they often have more impact than a hundred form letters.

We make our voices heard by calling their offices and offering our opinion, because if we don't call and tell them our opinion they won't call us to find out. We make our voices heard to them by showing up to town hall meetings and attaching a face to the abstract word "constituent." We make our voices heard when we support interest groups because there is strength in numbers. Our voices must be heard because the people we have elected must represent us, not themselves.

Become actively involved in politics, you don't have to wait until Election Day. Just like you shouldn't wait until December to spread goodwill and cheer, you shouldn't wait until November to raise some hell for the issues that you believe are important.

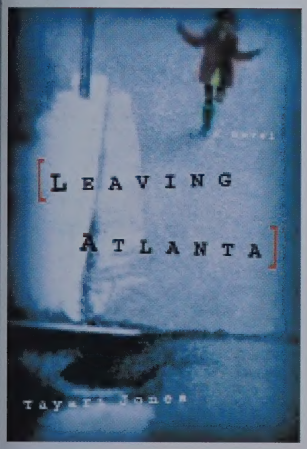
Raise hell on a lot of different days. Raise some hell in a lot of different ways. Just raise some hell.

Raising some hell at a ballot box one Tuesday per year isn't enough. Only constant involvement in politics will result in the progress necessary for a sizable change in the way city, state and federal governments are run.

a novel

[LEAVING ATLANTA]

by Tayari Jones



Although being young and black in America has always had its perils, Atlanta's summer of 1979 was a particularly troubling time to be a black child. 29 children died in a killing spree that to this day is largely a mystery. What exactly happened and who was responsible? A few books have attempted to address the looming questions and inaccuracies of the harrowing ordeal that many of the parents still experience like Toni Cade Bambara's sprawling novel *These Bones are Not My Child*, posthumously edited by Bambara's editor and friend Toni Morrison. James Baldwin also wrote about the murders in a book of non-fiction, *The Evidence of Things Not Seen*. In all of the documentaries, news reports and articles about the murders, one voice has been strangely absent from much of the discourse-- the one of the black child.

What was it like to be a black child in Atlanta in 1979, the target of terror of unseen terror while in perpetual upheaval of adolescence? *Leaving Atlanta*, the debut novel by Atlanta-native Tayari (pronounced Tee-R-EE) Jones, lays out a geography where black children—potential and actual victims—that arcs toward where the meaning might lie. Jones's protagonists speak their minds about both the murders and their sense of safety in ways that are by turns absolutely hilarious and chillingly insightful.

What makes *Leaving Atlanta* exceptional lies squarely in Jones's nimble hands. Eschewing conventions employed by her contemporaries (what I like to call the "keeping it real" aesthetic, attitude in lieu of story) this author only interested in spinning a good yarn. Jones's plaintive voice allows the reader to passage to their childhood, what it was like to be, think and love small. She throws back the curtain on memory so that readers recall what it was like to live in a world of jumping jacks, candy canes and scraped knees, to be at the total whim of parents, teachers and any random adult regardless of whether these individuals were caring or not. Enter the silent murderer, a boogey man who doesn't live under the bed but instead in the streets, behind buildings and perhaps even in their homes.

Leaving Atlanta opens with a scene familiar to most of us: an idyllic schoolyard. Atlanta red mud clops unto carpets after what Jones calls "spoiling rain" destroys what could have been a great recess for Tasha and her schoolmates. The novel rarely leaves the feel of its opening scene. Those familiar with the history of the murders may not be so anxious to get to know *Leaving Atlanta's* little protagonists (anyone of them could be a victim), but once Tasha enters the scene, she effortlessly reels in the reader's heart, as do each of the others.

The novel paces itself slowly and Jones wants it this way. She doesn't wow you with histrionics, purple prose or her theories about the actual murders. Jones crisp, generous style is crafted to bring readers closer, if not totally into, a child's mind and how these horrifying events were digested in little brown minds and hearts not fully developed yet eager to know, eager to be, and oh so eager to be safe and sound. This is an accomplishment.

A review by Steven G. Fullwood

THE "DRAG QUEEN" DILEMMA...AGAIN!

By Sharyn Grayson

Like most of my peers, I was eagerly anticipating the many festive activities that had been planned around the recent celebration of Atlanta's Black Gay Pride weekend.

My excitement peaked as I thought about all the parties, food, events, and potential new friends that would inevitably take me from my mediocre and humdrum existence; even if only for a few brief days.

I had looked forward to the approaching six-days of non-stop fun and excitement with the same fervor as that of a 5-year old, anticipating Santa Claus' arrival on the night before Christmas! I had totally persuaded myself that, this year, I was going to take it all in...no holding back! I needed and deserved to have some fun in my life!

I began my celebration at a small, intimate, "VIP Welcome Reception" that was being held at one of the major downtown hotels. Feeling this would be a great start—to set me in the proper frame of mind for what was to follow. I was upbeat and excited as I steered my SUV up to the valet parking area.

My confidence was unparalleled—which was quite evident in my choice of fetching and sexy attire. I even flirted with the bell cap—and a fine gentleman he was—as he opened the door for me and I made my entrance into the grand and luxurious main lobby of the five-star establishment.

The scene was like something from a movie.

Hundreds of people (mostly men, of all shapes, sizes, and persuasions) standing around talking, laughing, (cocktails in hand), and some just sitting back checking out the scenery. You know how they do it! I felt as though I was having a "Leona Helmsley" moment...certainly what she must have experienced upon just returning from a trip abroad. And I walked that lobby as if I owned the place! Leona would have been proud.

As I neared the elevators, I could sense that old familiar feeling of 'uneasiness' trying to creep in and take hold. A quick scan of the room revealed to me that—as usual—I couldn't find another recognizable Transgender face among the crowd.

My self-empowered feelings of pride and female-bravado...fueled by those high dosage Progesterone pills...were truly going to be tested. I began to re-assess my physical presence. Is my hair okay? Why didn't I wear that cute (less conspicuous) black outfit? Oh God...am I again "the token" TG representative amid these hundreds of LGB brothers and sisters? Where my dawgs at...?!

As I grappled with my internal fears, hands now wet with perspiration, I continued across the magnificent room to the elevators. By now, I'm feeling as though everyone in the place is staring at me as if I were a 'fully hooded (KKK) Klansman' at the annual NAACP picnic. Within moments the elevator "announced" my floor.

The ride had not offered me enough time to adequately regain my composure...but what the hell...there was no turning back at this point since the door was opening!

As I made the short walk to the suite, a very nice male couple I knew greeted me. The familiarity was just what I needed at the time. I could sense relaxation returning to my body. We shared a few brief moments of friendly banter and they suggested accompanying me inside—being the gentlemen they were.

Beyond the doorway, again, I found myself amid a sea of heavenly male bodies, fragrances, and the latest in Armani fashions! "Why am I always the only one in a dress at these events?" A quick scan of the room revealed that the other women there were truly representative of the more masculine gender. Unquestionably, these were my lesbian sisters.

My astute, self-appointed, male escorts must have felt my anxiety. They found seating for us near a group of men who were engaged in verbose conversation. Initially, we didn't pay them much attention and just went about small talk among ourselves.

Within a few moments...as though a bolt of lightening had somehow made its way through the otherwise festive occasion...IT HAPPENED! The intensity and power of the words that we gleaned from the conversation going on near us, was now beyond our ability to ignore! Nonetheless, we were going to give it try. Then...while our cocktail glasses were raised in simultaneous paths to our mouths...the words "DRAG QUEEN" rang out like they had been announced on a public address system!

I was determined to continue to ignore the dialogue and maintain my concentration on my friends and our own conversation, which now had become a bit strained for them. You know, if you've been in the life as long as I have, you have a distinct (added) sense about these things. As much as

possible, I tried to demonstrate that I was unaffected by the statement...and still, really, not knowing whether or not it had been directed at me.

Just then, one of the men from the group near us tapped me on the shoulder. I must say, he was very polite and appeared intelligent—as did the others, in his group of about 12 men. He excused his intrusion, explaining they were all from out of town. They noticed our entrance and assumed that—since I was at that particular function (and dressed "to the nines"—I might add) I was one of the local "Drag Queen" entertainers! They wanted to know where I was performing...since they would love to see a "real" show!

I think after the words ("Drag Queen") had left his mouth, my internal emotions unfurled at a speed I could only equate with that of "light!" By the time he had ended his conversation and awaited my response, I had covered feelings of anger... frustration...and hurt (the really emotionally painful kind). But then, still with a smile on my face, I was able to bring myself full-circle, back to a point of compassion and patience about what was happening to me. He never knew.

My friends, whom I noticed out of the corner of my eye, were immobilized with fear and anxiety—not knowing what to expect as my immediate reaction. But as I looked into this young man's eyes, I could see that he was truly struggling to say what he thought was appropriate and respectful. I glanced over his shoulder at his friends standing nearby, and could honestly sense that they too were not attempting to incite or prompt a negative situation.

First of all...I thanked God for the infusion of alcohol that was flowing freely through my veins, at that moment. It had dulled my defensiveness—totally opposite of the effect on most people. I was mellow, relaxed, and calm.

I then invited the young man to a seat and properly introduced everyone. He told us that his name was Rick and that he and his friends had driven down from the Raleigh-Durham area of North Carolina to take part in the weeklong flurry of activities. All 13 of them, in a caravan of 5 cars!!! Although they had been to Atlanta, some years before, they were totally ignorant about where "the children" now congregated socially. They all loved the shows and desperately wanted to see at least one, before leaving!

I told Rick that I did not do shows and that I was not an entertainer—although he and his friends were going to be profoundly moved and impressed by the level of entertainment (and the "true divas") at the clubs I suggested to him.

But those of you who know me, will understand that it didn't end there--not for me! I inquired about their conversation and the term ("Drag Queen") that was being repeatedly bantered around. During the dialogue that followed, I learned that it was his general understanding and knowledge that this was the "appropriate" and "politically correct" term for my segment of the community...the girls who dressed up. This was also the assumption of all his gay male friends—back at his hometown, as well as in other parts. He had no idea that some people might find the term offensive or degrading. Bottom line...if you put on a dress...you were a Drag Queen. That was it—in terms of his/their historical experience.

Although he had heard the term Transgender...he had very little knowledge about what it really meant. He thought it simply implied the individual had "gone all the way" (sexual

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reassignment) via surgery. There was never any consideration by him, or his friends, that this identity was representative of an entire sub-culture—which was directly related to and, a distinct part of his own lifestyle.

Time and space won't allow the transcript of our entire conversation. But, I will suffice to say that we covered some very thought-provoking areas.

During one part of our very candid dialogue, I asked Rick how would he feel, if each time he was approached by another individual the person had already assumed that his only interest would be performing passive "oral sex" on them?

His immediate response was that he would consider this very shallow...negative...and not a situation of interest to him. He went on to say that it would be very disrespectful on their part to make that type of assumption—and, he would be terribly offended by it!

My point made... gay men and women are some of the most judgmental creatures on the face of the earth. We judge—most of the time—without giving any consideration to the emotional affect our words could have on others. We also tend to judge without the benefit of research or experience to support what we come to term as facts. We judge, too much, based on what others relay to us as "their experience"—giving little (or no) relevance to the fact that that's just what it is (someone else's experience).

True Transgenderism is a topic that confuses and mystifies many psychosocial, psychological, and other health experts, even today. There have been more levels, degrees and other forms of measurement placed on this particular segment of the alternative sub-culture than we can imagine. During the past several decades the various attempts to term and define the complete TG experience have failed—miserably. As I've lived it, everyone in a dress can NOT simply be categorized as a "Drag Queen".

If you still don't know what I mean by this...and, if you sincerely have compassion for others—especially, persons within your own peer group—then you owe it to yourselves to do your "homework".

What would the world come to, if all my fine, handsome, muscular brothers—who spend so much of their time (energy and money) in the pursuit of recognition as the ultimate, all masculine, "man"—were exposed as just nothing more than a bunch of "D---suckers, head queens" or "freaks"?

Wow...could you imagine that kind of impact...if this is truly a man's world!! Judge not...lest ye be judged.

Wishing you Peace, Love and much Respect...

Get Your Hopes Up!

by Raphael Godley

In a time when it is considered wise to withhold excitement, or subdue enthusiasm for the dreams and desires that rest within our hearts, one of the greatest gifts we can present to ourselves is the unabated treasure of hope. We have every reason to be hopeful.

Hope can never be invested without a return.

As a young man growing up in South Central Los Angeles, a community fraught with violence and traps that can strangle anyone desiring more in life, my mother would often caution me about becoming too hopeful.

"Mi hijo, don't get your hopes up"
she would warn.

But I had every reason to be hopeful.

The example of her leadership in our home as provider, minister, nurturer and warrior gave me the ultimate reason to hope.

I understood that if she could endure the challenges of my father's alcoholism and his physical abuse, then I had all the more reason to believe my life would be better.

I purposed in my heart to have hope beyond what my immediate surroundings offered me. Many of us have held out hope for a better life.

There are those who may have considered us "hopeless" at one point.

But what they failed to recognize is that, we have even more reason to be hopeful because of the battles we have already won and the challenges we have endured as sexually diverse people of African descent.

AIDS, discrimination, rejection by loved ones, judgment and the list goes on.

But the news is that we can remain hopeful, because we have persisted in the face of adversity and we know the power of coming to terms with truth.

At times our friends and family members will come with disparaging messages "cautioning" us against having hope. Their rationale is that they don't want to see us "disappointed". But the alternative they offer is unacceptable.

Self-imposed limits?

No, thank you.

I have come to understand that those who would dare to have hope; those who would be so audacious as to believe that the impossible is within the realm of the attainable can never be made a fool of.

History offers us countless examples of women and men who held visions and dreams that their modern day contemporaries couldn't fathom. They too were cautioned against "having their hopes dashed."

Great men and women are not those who always achieved the desired outcome.

Instead, they are the ones that courageously hold on to the vision, retain hope and move forward with decisive action. And because they hold fast to hope, they learn through their experience that there is an amazing force in this universe that responds with magnanimous love and generosity.

It is time for you to Get your hopes up!

Someone much wiser that I said, "If you can see into the invisible, you can achieve the impossible." As I understand it, the impossible is only that which has not happened, yet. The hour is now. The power exists for all of us to achieve the impossible.

Get your hopes up!

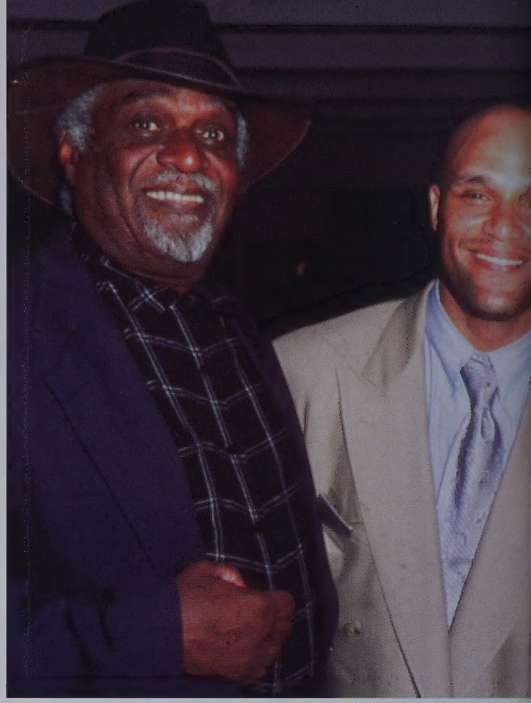
Owning His Own Culture: Melvin Marshall

A Young Art Collector Challenges African Americans to Get with the Program and Start Owning Their Own Culture

Melvin Marshall has a mission: To guide African Americans to better appreciate their rich visual artistic history. To this end, he has started a national art tour to intro-duce and enlighten the significant contributions that artists of African descent have made to our national visual artistic culture.

MMFineArts.com
presents the
Artist Showcase Series

This year, Mr. Marshall and his business partners Blake Kimbrough and Terrell Tilford have inaugurated the "Artist Showcase Series" in New York City. The exhibit he says "was a big success." The showcase is a traveling national art series that highlights significant accomplishments of five twentieth century artists of African descent. The exhibit in New York City included important paintings, sculptures and works on paper by master artists Ann Tanksley and Otto Neals, and works by contemporary artists Cheryl Warrick, Francks Francois Deceus and Willie Torbert. Mr. Marshall plans to showcase additional artists as he travels to different cities around the country. Consistent with Mr. Marshall's vision of educating the public, the showcase will provide an opportunity for collectors to learn about and better appreciate the contributions made by these visual artists to their cultural legacy. The show will continue to Los Angeles during the week of November 3, 2002, and will stop in Chicago, San Francisco, Detroit, and Washington DC among other cities.



"I first started buying art when I left college in the late 1980s and have been collecting ever since," Mr. Marshall says. He adds that collecting art has been a history lesson on a part of his Black culture that seems to be largely ignored: "the importance of artists of African descent to the international art scene."

In addition, I am just beginning to fully appreciate the significant contributions that many other artists have made and are currently making. One such man is the master artist, author, curator and educator Dr. David C. Driskell. "Dr. Driskell," Mr. Marshall explains, "is our national treasure in the art world. "He has received many prestigious accolades and awards, including the National Medal of the Arts from President Clinton, for a lifetime of excellence and achievement in the arts. We have not properly documented the vast importance of Dr. Driskell's influence on the art world over the past 45 to 50 years." Dr. Driskell was also Mr. Marshall's honorary guest at the inaugural event.

Mr. Marshall's personal history may be as fascinating as the many artists that he is so dedicated to teaching us about. He is a native of New Orleans, and moved with his family to the San Francisco Bay Area at the age of eleven. Upon graduating from a top college preparatory school, Mr. Marshall enrolled in the College of Chemistry at the University of California, Berkeley. After spearheading a successful campaign to establish a credit union – the first of its kind for students and faculty at Berkeley – Mr. Marshall discovered that he had an interest and a talent for things financial. After college, he headed forWall Street for a career in finance, where he joined J.P. Morgan & Co. as a foreign currency trader. As part of his duties, Mr. Marshall spent long stints orking in Europe. Mr. Marshall was impressed with the quality and number of fine museums he visited in Europe, noting,

"The Europeans, it seemed to me, had such a high respect for art, and modern European masters such as Picasso garnered inspiration from the so-called'Primitive' art of Africa. When I thought about both Picasso's manyforays to the Trocadero, the ethnological museum in Paris, as well as the fact that Europe recognized that jazz was an art form at a time when America viewed it as merely dissolute, I experienced an epiphany: African American art was under-valued, certainly under-appreciated and most likely a good investment."

Mr. Marshall became an avid collector of African American art, acquiring an impressive collection, which includes such masters as William H. Johnson, Romare Bearden, Elizabeth Catlett and Jacob Lawrence. In a move that shocked his friends and family, Mr. Marshall left a burgeoning career on Wall Street in order to form two small companies, Marshall Arts, Ltd. and Hidden Heritage Productions, both whose mission was to highlight the works of unknown but important African American artists. Soon Mr. Marshall was lecturing at the Smithsonian and assisting his mentor, the late Thurlow Evans Tibbs, Jr., in appraising art. Mr. Marshall and his business partner, Blake Kimbrough, catalogued the collection that Mr. Tibbs bequeathed to the Corcoran Gallery in Washington, D.C., a vast collection containing 20,000 items representing over 600 artists.

Mr. Marshall, currently a museum curator and director on the Board of Trustees of the Museum of Contemporary African Diasporian Arts (MoCADA) in Brooklyn, NY, is very busy these days, acting as curator, lecturer, and researcher. Next he is co-curating an exhibit at MoCADA on the history of the African American master printmakers to open on October 18, 2002.

He has also recently published an article in the International Review of African American Art and is collaborating with the Hampton University Museum on a traveling museum exhibition featuring the works of Charles Sebree. Mr. Marshall and Mr. Kimbrough have done groundbreaking research on Sebree and have discovered over 150 pieces of his artwork. Marshall continues,

"Thornton Wilder discovered him; Gertrude Stein collected him; Pablo Picasso commented favorably on his work, and yet America knows very little about Charles Sebree, a man who helped to launch the careers of Harry Belafonte and Eartha Kitt and encouraged Toni Morrison to be a writer. As the owner of his most significant work of the World War II era, I feel it is my duty to inform America about one of their unknown masters."

For information on his upcoming traveling exhibit and art shows, please visit his web site at www.MMFineArts.com.

Mr. Marshall currently resides in New York City.

PC or MAC?

by Joi Rhone

I am asked many times by clients who are in the market for a computer – "should I buy a PC or Mac? The choice really depends on a number of factors: what you intend to use the computer for, if you will be sharing the computer with children, and how much money you would like to spend.

The Macintosh computer, made by Apple, in its heyday, was the computer of choice for graphic designers and the "artistic types."

Apple prided itself on that and what became know as an almost "cult like" following found great pleasure is paying what seemed to be exorbitant amounts of the money to be able to say they had a Macintosh.

In nearly every creative field, the Mac is the computer of choice. In the education field, half of the computers used in the school systems are Macs.
Our former president Bill Clinton and current president George Bush both use Macs. Even 25 percent of all attorneys in the United States use Macs.

These were amazing facts to me, even as a computer consultant and one who began her consulting career supporting Macintosh environments. Not too long ago, competing in the business arena with a Macintosh put you at a slight disadvantage. Sometimes communicating between the Mac and PC world was problematic without buying third-party translation programs.

It was a challenge getting the two platforms to communicate with each other. Plus, the amount of business software available for the Mac was scarce, at best.

The times have changed. There are now over 15,000 applications available for the Mac, in every category imaginable. The pricing is more compatible with PC's when you consider everything that the Mac has to offer. And if you do happen to need that isolated program that will only run on a PC, you can purchase a program called Virtual PC that will emulate the Windows environment and allow you to use the program on a Macintosh.

It's all pretty amazing.

My daughter started a school where there are Macintoshes in the classrooms, in addition to a state-of-the-art Macintosh computer lab. I wanted her to be able to replicate her environment from school at home, so I began the quest of shopping for a Macintosh.
I immediately was impressed with the beauty of the new Macintosh computers. All in one, sleek, a very classy looking machine. Once I got past the looks, the speed blew me away -- I am now convinced that the 877mhz Apple is as fast as my 1.2ghz Sony notebook!

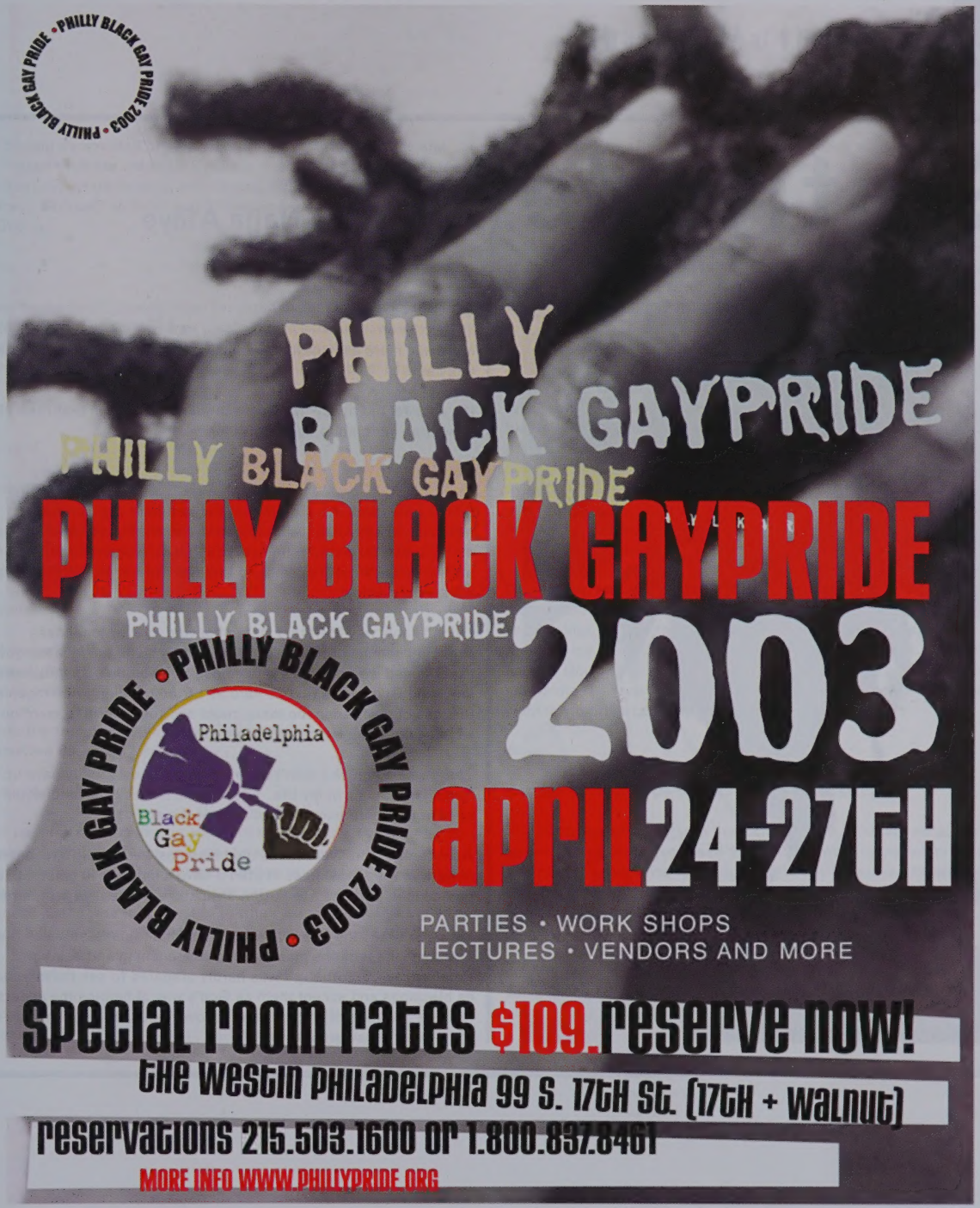
I decided on a system, had the store install a wireless network card and was ready install the system at home.

I was convinced that it would not work on the wireless network I had installed at home, even though the salesperson told me it would (you know salespeople – they will tell you anything!). To my surprise, it took me exactly 16 minutes to unpack the system, set it up and configure.

Then the ultimate test – whether I could get on the Internet using my wireless setup through my PC. I clicked Internet Explorer and I was on – just like that – automatically configured!

I am not advocating that a Macintosh is the computer for everyone. What I am saying is that it is a computer worth seriously considering if you are in the market for a computer. If you are not tied to either of the platforms, don't eliminate the Mac because of its past history – the times they be a changin'.

*Joi Rhone is principal and owner of Rhone Consulting. For more than eight years, first as jlr & associates and now as Rhone Consulting, the organization has earned a reputation for providing skilled and practical guidance on the technical needs of non-profit corporations. For more information on the services of Rhone Consulting, please email info@rhoneconsulting.com or call (925) 978-1738.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Gratitude

by Sundiata Najja Alaye

SO GRATEFUL...

More and more each day, I'm realizing what a tremendous blessing life has been.

It's easy for me to say that now, but there was a time that I felt I had absolutely nothing to be grateful for.

Nothing!

Life at times was in constant flux and nothing I did, purchased, achieved, or acquired, ever seemed to make it better. It wasn't easy for me to understand why I so unsuccessfully struggled to find balance in my life or why I never seemed to find the happiness that people around me seem to enjoy.

I didn't know why I felt this incredible void, or why loneliness overwhelmed me at times. I couldn't understand the love hangovers I experienced with brothers who couldn't or wouldn't commit (outside of sex), and God knows that as hard as I tried I couldn't find meaning in the loss of my friends too many count and too painful to mention who were dying to the left and the right of me.

There was so much I didn't understand that I eventually gave up ever finding any peace in my life. I'd just take it as it came and would try not to have a complete mental collapse at the end of it.

Admittedly, there were times the blessings were easy to recognize, and in between the harshness of life I'd have a moment to celebrate and rejoice in it, perhaps a job offer, a vacation, or the prospect of romance.

Yet other times they were nearly impossible to understand as they would manifest as the most awful gut-wrenching and painful experiences. Spiritually, I was hardly prepared to see these situations as blessings and accept them as God's way of helping me understand the true meaning of life; to learn, to love, teach, and heal my life and the lives of those around me.

I wasn't being persecuted or selected for a mission of sacrifice and strife. I wasn't left around to be a martyr. I was being taught how to always keep my focus on love. I was being stripped each time by these conditions. Stripped so that I could finally open myself up enough to allow God in.

Grateful!

The door for me finally opened when I realized that if I had the mental power to translate (and often times create) these situations, whatever they were, as miserable and painful, then surely I could use this same power more productively in search of a new way to see - in search of a blessing.

Perhaps if I simply thought about it differently, it would all change.

That was it!

My moment of eureka.

Something clicked and there was my transformation! It was as though I could hear God saying, "O.K., Sundiata. Can we begin now"? And in a soft, half moaning, and half rejoicing voice I replied, "Yes, I'm ready!"

So Grateful!

Almost immediately, I understood that my behavior was destructive. Most especially, I had forgotten all that I had learned about God's love and divine presence.

I fell into the trap of believing that God was a powerful presence that was somehow detached from me.

And I'm not alone.

Many of us think He acts like us and thinks like us, and because we do, we attach all of our dysfunctional mental habits; fears, anger, judgment, and resentment onto Him. But God is constant and so is His love. He doesn't think with judgment or anger, but with love, mercy, and forgiveness. Once we realize that following God means following love, life tends to work in our best interest and in the service of others.

So, So, Grateful!

To recognize your blessings, you must always, always look for love in any situation. And I know this isn't always easy.

It takes work, real work to erase the dictates of an unspiritual fearful mind that has been trained for years to believe in lacks, limitations, voids, and unworthiness.

But remember, whatever you focus more on, you receive most of. It's the law of the universe. And you must truly believe that you deserve all of the good and wonderful things God brings to you. The universe is always working in our favor. God is constantly working for our good. All that is good comes from God.

So Very Grateful!

And so today I can say that I am grateful. I can shout it from the rafters that I'm grateful, grateful for the gift of life and the gift of health. I'm grateful for the friends who have shared my life and for those who died in my arms. I'm grateful for those I've extended love, those who've rejected it, and for my wonderful, caring, and incredible friends who accept my love and revel in it's beauty and it's truth.

I'm grateful for my family, the young and the old, and for my friends, the old and the new.

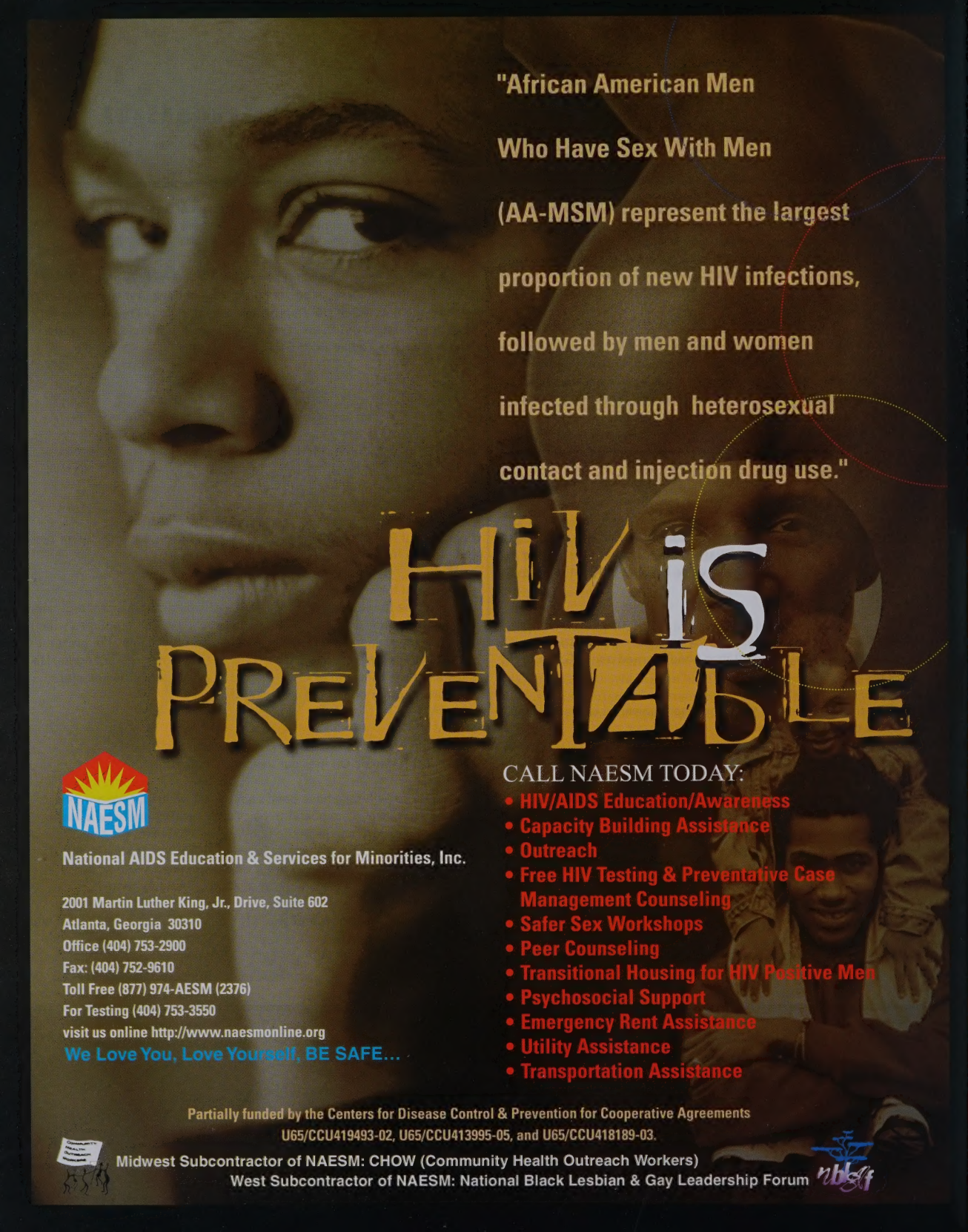
I'm grateful for my writings and artful expressions, for this magazine that reaches the hands and touches the hearts of those in need of hope and healing, and for the keen insight on life, love, and happiness willed to me by my grandfather and nurtured by the Holy Spirit. I'm grateful to have God's favor, to know that in the times of my greatest crisis, He shows me His face and extends me His hand, offering the complete comfort no other can. I'm just grateful.

Amen!

The Spirit Reminds Us that our lives are predestined.

The roads we will take have been chosen and wherever we are, is exactly where we're supposed to be. We're walking our natural path. The human experience is challenging to say the least. We are constantly faced with circumstances and situations that have the potential to devastate us and bring us to our knees. And so, as long as you are on your knees, why don't you just stay there?

Just surrender and know that God always knows what's best for us and will place before you the answer and the way. But it's your choice of whether you walk your path in pain or in peace.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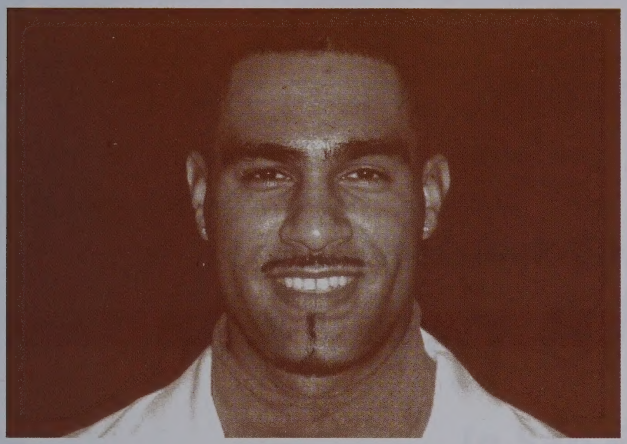


By
Dr. David
Malebranche

We've all had them at some point - those irritating bumps under our neck, around areas of our beard, and on the back of our neck after a visit to the barbershop.

They hurt, they itch, they get infected sometimes and can form abnormal scarring (keloids) over the lesions where they appear.

What are they? They are the lesions of a condition called pseudofolliculitis barbae, or "razor bumps." And they can occur anywhere where we may shave: face, neck, armpits, and even chest and pubic area.

Razor bumps can affect anywhere from 50 percent to 83 percent of black men, and usually affect the bearded area of the face. The condition itself is caused by tightly curled hair curving back in the surface of the skin, usually after a close shave or haircut. The hair becomes embedded in the skin, causing an irritating reaction that can become infected. The hair, unless removed, becomes further curled up upon itself with repeated shaving and the infection can become worse, requiring antibiotic treatment.

So what can you do to prevent this condition from occurring? Here's a list of suggestions:

Avoid close shaving or shaving against the direction of the hair growth
Use disposable razors

Allow facial hair to grow _ inch or more before shaving
Use fine scissors or special facial hair clippers

Rinse face with warm water for several minutes before shaving

Allow shaving cream to penetrate hair follicles several minutes before shaving

After shaving, rinse with warm tap water, then cold water for a couple minutes

Search for any embedded hairs with magnifying mirror and dislodge with sterile needle or tweezers immediately after shaving

Use depilatories such as Ali, Royal Crown or Magic Shave as an alternative (use carefully as these creams can irritate the skin if left on too long)

Let your beard grow if all else fails

If you do get razor bumps from shaving or after a close cut, do the following:

Stop shaving or haircuts for a minimum of one month to allow the hair to grow out of the skin

Use warm tap water or Burrow's solution – apply to the razor bumps for 10 minutes, three times a day

Release ingrown hairs gently using sterilized needle or tweezers – do not pluck as regrowth after plucking may worsen symptoms

Hydrocortisone 1% cream after warm compresses. This is a steroid cream that will help decrease the inflammation caused by the ingrown

hairs, and you can get it at your local pharmacy

Antibiotic creams (erythromycin) twice a day for mild to moderate acne involvement of razor pumps (prescribed by a physician)

Oral antibiotics (erythromycin or tetracycline) twice a day for severe razor bumps or severe infection from acne around the bumps.

Laser removal by a trained dermatologist can permanently remove the hair follicle and cure the razor bumps if conservative measures and antibiotics don't work.

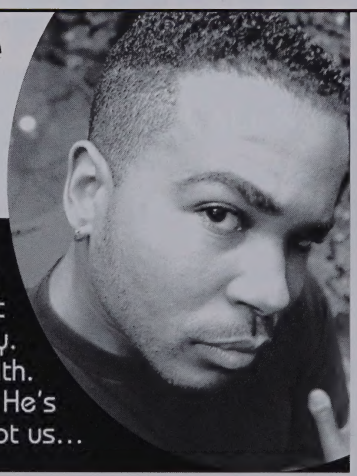
The important thing to remember about razor bumps is that, like most skin conditions, they can start off mild, but can become severe and cause significant cosmetic damage if allowed to get out of control.

Remember to pay attention to your skin, watch for ingrown hairs immediately after you shave, and use some of the preventive techniques described above to ward off this common condition.

If you are currently suffering from razor bumps or have repeated problems with bumps, be sure to see a dermatologist for a thorough evaluation and possible antibiotic treatment if needed.

Remember that while it may not be necessary to see a black dermatologist, be sure to find one who is at least familiar with black skin and hair conditions. Some dermatologists may not be aggressive in treating razor bumps because they are unfamiliar with its presentation in black folk. Always get a second opinion if you feel like the problem is not being addressed adequately. Your skin is the largest organ in your body, and your first line of defense against outside infection. Take care of it, and it will surely take care of you.

People Into Living:



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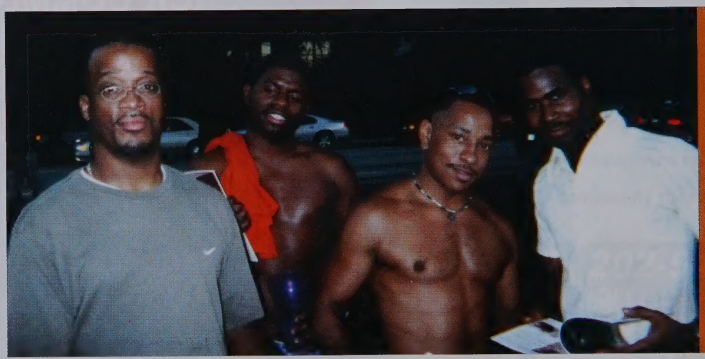

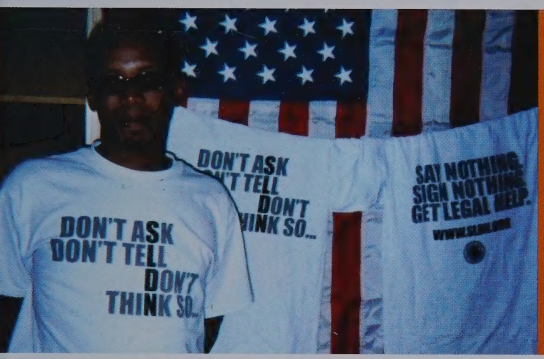
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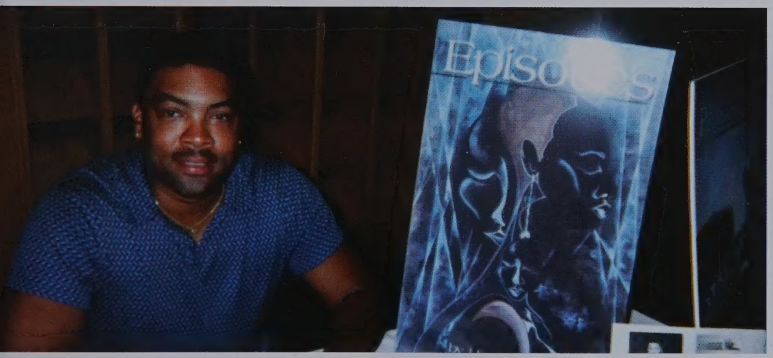

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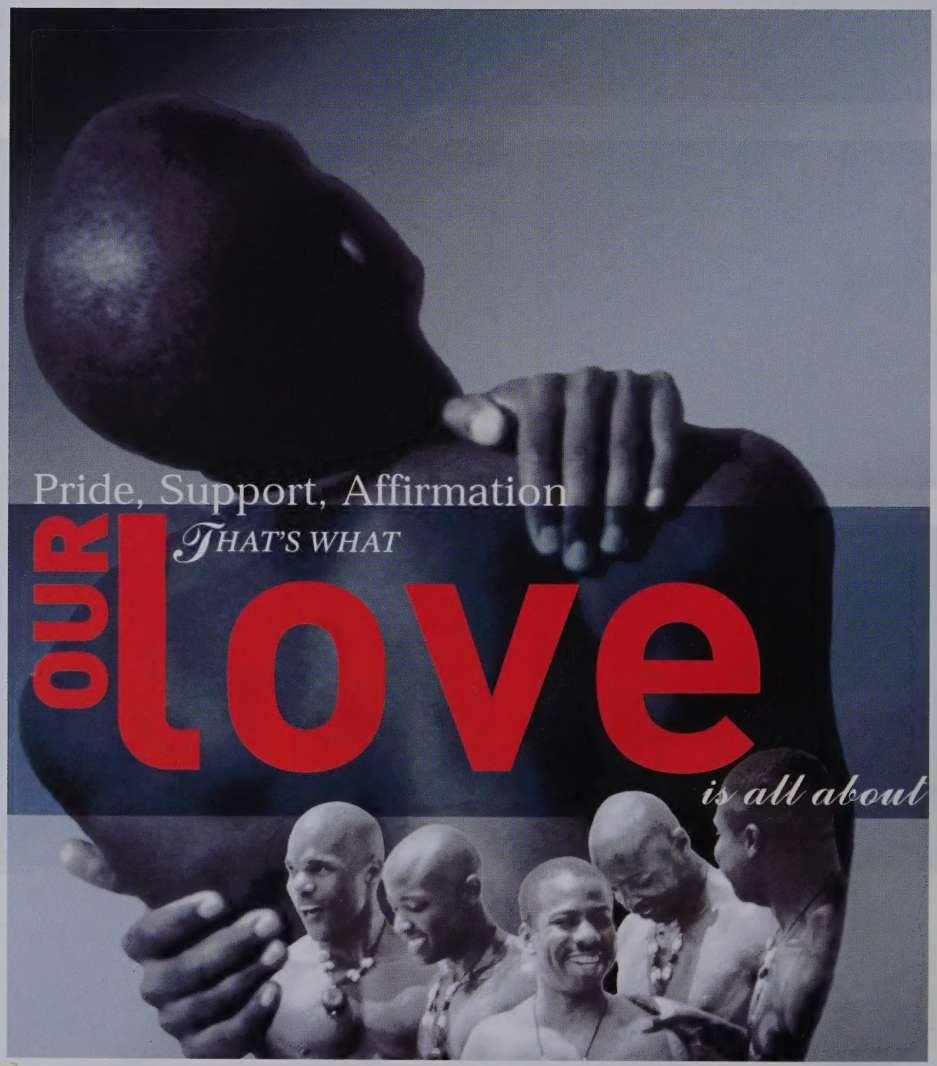

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OUR LOVE is the black men's program of the STOP AIDS Project

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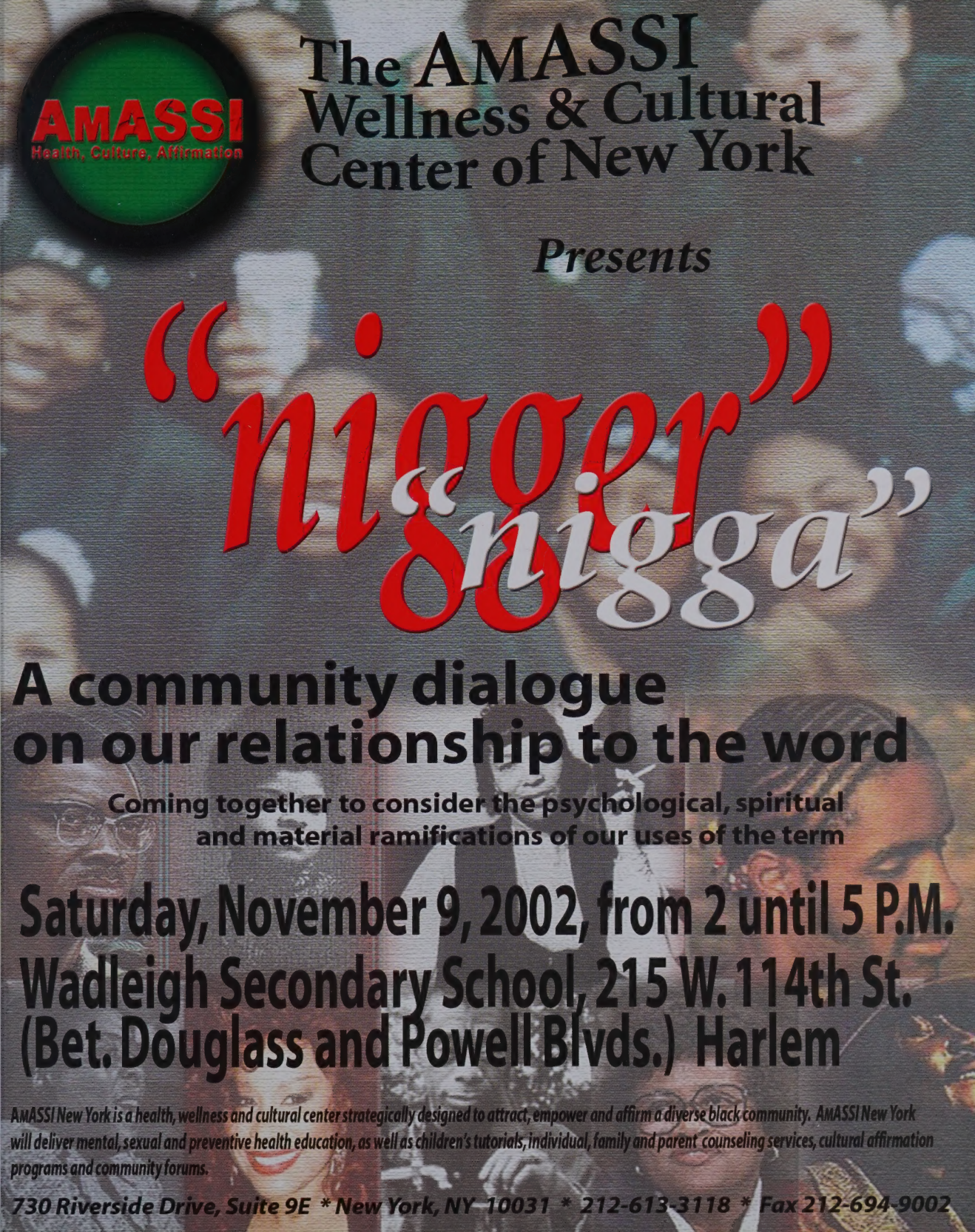
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Because it saves future options. When choosing a treatment plan, it's important to consider what options you will have in the future. Studies show taking VIRACEPT early on leaves you with choices in treatment for later. Ask your doctor about your future with VIRACEPT.

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tablets and oral powder

VIRACEPT is indicated in combination with other antiretroviral agents for the treatment of HIV infection. The most common side effect of VIRACEPT is diarrhea, which can usually be controlled with over-the-counter treatments. Some prescription and non-prescription drugs and supplements should not be taken with VIRACEPT, so talk to your doctor first. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, changes in body fat, and increased bleeding in hemophiliacs. **HIV drugs do not cure HIV infection or prevent you from spreading the virus.**

Refer to the important information on the next page. For more information, call toll free 1-888-VIRACEPT or visit www.viracept.com.

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VIRACEPT®

(nelfinavir mesylate)

Tablets and Oral Powder

Information for Patients

about VIRACEPT® (Vi-ra-cept)

Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

Alert: Find out about medicines that should NOT be taken with VIRACEPT. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH VIRACEPT".

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in combination with other antiretroviral drugs in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. Although VIRACEPT is not a cure for HIV or AIDS, VIRACEPT can help reduce your risk for death and illness associated with HIV. Patients who took VIRACEPT also had significant increases in the number of CD4 cell count.

VIRACEPT should be taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

Changes in body fat have been seen in some patients taking protease inhibitors. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the face, legs and arms may also happen. The cause and long-term health effects of these conditions are not known at this time.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Medicines you should not take with VIRACEPT:

Propulsid® (cisapride, for heartburn)

Cordarone® (amiodarone, for irregular heartbeat)

Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others

Ergot derivatives (Cafergot® and others, for migraine headache)

Halcion® (triazolam)

Versed® (midazolam)

Mevacor® (lovastatin, for cholesterol lowering)

Zocor® (simvastatin, for cholesterol lowering)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.

Rifampin® (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®
This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with: Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

Special considerations

Before you take Viagra® (sildenafil) with VIRACEPT, talk to your doctor about possible drug interactions and side effects. If you take Viagra and VIRACEPT together, you may be at increased risk of side effects of Viagra such as low blood pressure, visual changes, and penile erection lasting more than 4 hours. If an erection lasts longer than 4 hours, you should seek immediate medical assistance to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

It is not recommended to take VIRACEPT with the cholesterol-lowering drugs Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible drug interactions. There is also an increased risk of drug interactions between VIRACEPT and Lipitor® (atorvastatin) and Baycol® (cerivastatin); talk to your doctor before you take either of these cholesterol reducing drugs with VIRACEPT.

Taking St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort with VIRACEPT is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease VIRACEPT levels and lead to increased viral load and possible resistance to VIRACEPT or cross resistance to other antiretroviral drugs.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

Retrovir (zidovudine, AZT)

Epivir (lamivudine, 3TC)

Zerit (stavudine, d4T)

Videx® (didanosine, ddI)

If you are taking both Videx (ddI) and VIRACEPT:
Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

Viramune® (nevirapine)

The amount of VIRACEPT in your blood is unchanged. A dose adjustment is not needed when VIRACEPT is used with Viramune.

Sustiva™ (efavirenz)

The amount of VIRACEPT in your blood may be increased. A dose adjustment is not needed when VIRACEPT is used with Sustiva.

Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

Crixivan® (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Norvir™ (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Invirase® (saquinavir)

The amount of saquinavir in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 15-20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily or 1250 mg (five tablets) two times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include nausea, gas and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. Your doctor may prescribe the light blue VIRACEPT Tablets either as 1250 mg (five tablets) taken two times a day or as 750 mg (three tablets) taken three times a day. VIRACEPT should always be taken with a meal or a light snack. VIRACEPT tablets are film-coated to help make the tablets easier to swallow.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 1250 mg (five tablets) taken two times a day or 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 to 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight		Number of Level Scoops*	Number of Level Teaspoons†	Number of Tablets
Kg	Lb			
7 to <8.5	15.5 to <18.5	4	1	—
8.5 to <10.5	18.5 to <23	5	1 1/4	—
10.5 to <12	23 to <26.5	6	1 1/2	—
12 to <14	26.5 to <31	7	1 3/4	—
14 to <16	31 to <35	8	2	—
16 to <18	35 to <39.5	9	2 1/4	—
18 to <23	39.5 to <50.5	10	2 1/2	2
≥23	≥50.5	15	3 3/4	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59ºF and 86ºF) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

Call 1.888.VIRACEPT

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ARISE'S NEW LOOK!

One thing I charge you. As you live, believe in life! Always human beings will live and progress to greater, broader and fuller life.
—W. E. B. Du Bois, 1868–1963
Intellectual and Activist

If we are not growing, then we are dying. So then, we reach beyond our borders to do better reaching for the best. ARISE has expanded our canvas, so to speak, by increasing our pages from sixty-eight to ninety-six. With our premiere issue that debuted in October 2000, we presented a forty-eight page, two-color, 10" by 10" publication. Two months later we reinvented ourselves, graduating to perfect binding, glossy cover, and incorporating four-color processing in half of our pages.

With this issue that we have dedicated to HIV/AIDS, we present our newest format, expanded and filled with four-color processing throughout. This redesign is dedicated to the lives of men and women, our youth and our elders, people of African descent who fall under the umbrella of sexually diverse communities so that we might tell our stories and live our truth. This new look is not merely about more pages or more color; it is in truth a symbol of our hope, a declaration of our faith, and an affirming response to our readership that has stood with us in these first two years.

We have learned that building community is never easy. It doesn't come in an instant. But if you hold out hope and dream, if you dare to reach out for a vision and wrap your arms around a particular star that has your name on it, you may discover, as we have, that in this world there are those that will stand with you, support your dream, and encourage you along your path. As you move through these pages, remind yourself that dreams do come true, hope is still worth having, and faith will get you through.

From the ARISE family to yours—Let's keep pushing!
Peace and power,

MacArthur H. Flournoy & Glenn Alexander
Publishers

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DSM is not just a store but is also a boutique experience with the ambiance of a comfortable hangout. Black leather armchairs flank a Chinese chessboard near the window – three or four people a day come in to play chess with Titus. A fabulous hand-painted chess set from South Africa is prominently displayed. Paintings of jazzmen line the walls. Music plays and the CDs are for sale.

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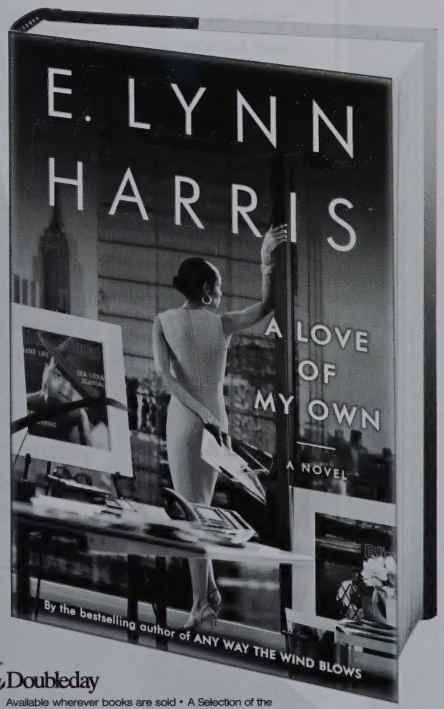

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Gye Nyame is an Akan symbol that represents the omnipotence and the omnipresence of God and originates from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.

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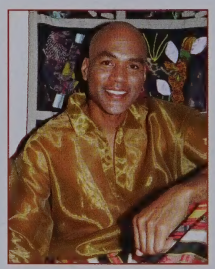

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photo by: Greg McNeal

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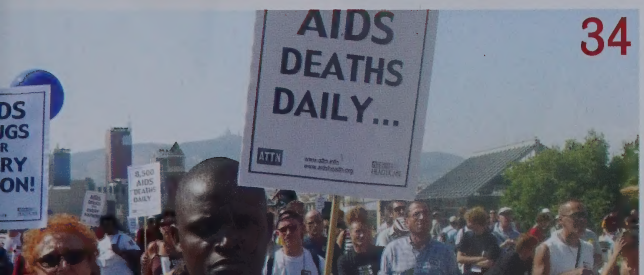

publisher's letter

We need to be honest. Sometimes when we consider the statistics and the rising incidence of HIV/AIDS, we silently wonder do people really give a damn that people of African descent all over the world are dying of this disease, needlessly. Then we have another heretical thought. Our hearts wonder about all the money that has gone into prevention, outreach, treatment, and education in the United States. The question comes to mind, What has been the real outcome of the investment?

When we occasion black pride events across the nation and witness rampant substance use, the flagrant focus on sensuality, we wonder where does risk reduction fit into the equation—if at all. We even allow ourselves to question if in fact black men that have sex with other men have made any real commitment to reducing the incidence of HIV/AIDS. While it seems like we are quick to author press releases and attend town hall meetings to advocate for capacity building and enhance systems (that's a favorite), we wonder where are we really going after more than two decades of this pandemic.

While it is true that we have strong impassioned leaders that are forging progressive initiatives on behalf of our diverse and global community to squash this pandemic, it would also seem there are many among us who have chosen to ignore HIV/AIDS. Another voice that has emerged could be known as "Just Us and No More." In other words, let's just focus on black gay men and Latino gay men in this country and no more. Have we forgotten our own struggle in this country to create initiatives that would sustain programs targeting our community? How then could we deprive the most impoverished nations of the world foreign aid?

What is the level of commitment in this country to embrace and integrate what we have already learned about this virus and its impact on our community? When more than ninety percent of young gay black men do not know their HIV status, what does that tell us about our own willingness to value our health and our lives? When one of the nation's premiere magazines targeting African Americans in this country can run a "Health Issue, July 2002" absent a single mention of HIV/AIDS, I am compelled to wonder do we really give a damn about our lives, each other, and the world that we live in?

Without a doubt, we have countless women and men who have sacrificed their lives to find a solution to this epidemic. But someone must be willing to say that "some of the emperors are running around with their glutes showing" and that much of what has masqueraded as prevention, education, and treatment are in fact outdated paradigms that do not yield real outcomes. The numbers tell the real story.

Battling HIV/AIDS for people of African descent means wrestling with the complexities of racism, poverty, and homophobia. We are concerned that unless there is a radical change in our approaches, we are subject to losing multiple generations while we play "AIDS Prevention, Education, and Treatment in the name of people of African descent."

We are strengthened by the stories written herein that feature visionaries both HIV negative and HIV positive, people who have committed their lives to social justice, equality, and fair-minded

photo by Duane Cramer

access to treatment for all. When one out of every ten black men that has sex with men is infected with HIV in this country, when thirty percent of young gay black men are HIV positive, when African-American women are thirty-seven times more likely to contract HIV than their white female counterparts, I am reminded of the enormity of the task that lies ahead. But I have hope.

My hope is rooted in the fact that despite what doctors, statisticians, epidemiologists, and even impassioned editors may argue, we have faced what appeared to be impossible odds before. We have made a change in this world before, and we must do it again.

Never before has there been a greater need for fiscal accountability, skilled program developers, informed and educated health care workers, reliable evaluation methods that determine what strategies are effective, and real leadership from the boardrooms to the outreach efforts on the street. The time is now. We must ARISE or relinquish our power to a virus that has proven itself clever, swift, and progressively complicated. What will our response be to HIV/AIDS in the days that lie ahead?

MacArthur H. Flournoy & Glenn Alexander
Publishers

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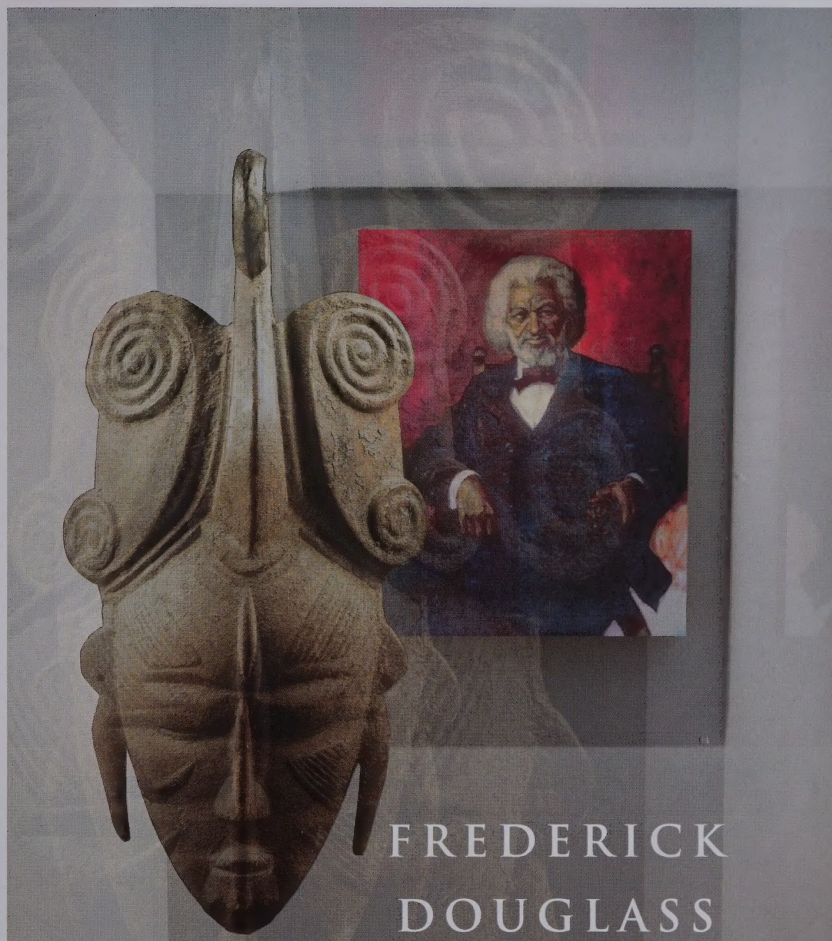

FREDERICK DOUGLASS

by Robert Hayden, 1913–1980

When it is finally ours, this freedom, this liberty, this beautiful
and terrible thing, needful to man as air,
useable as earth; when it belongs at last to all,
when it is truly instinct, brain matter, diastole, systole,
reflex action; when it is finally won; when it is more
than the gaudy mumbo jumbo of politicians:
this man, this Douglass, this former slave, this Negro
beaten to his knees, exiled, visioning a world
where none is lonely, none hunted, alien,
this man, superb in love and logic, this man
shall be remembered. Oh, not with statues' rhetoric,
not with legends and poems and wreaths of bronze alone,
but with the lives grown out of his life, the lives
fleshing his dream of the beautiful, needful thing

Finally, I had time to read your article, and found it to be very inspirational. I've been distant from my family not only in miles but also in my thinking for many years. Through my travels and career I have incorporated an extended family into my life. This family hasn't always been of my choosing but neither were my blood relatives. In saying that, I believe that a love for common experience should not be dismissed, and I can't grow unless I assist the next person. More times than not that person has been of my same hue. Acceptance and forgiveness are integral parts of how I cultivate my relationships with others in creating bonds that grow and manifest. I refuse to believe that black people—gay, straight, lesbian, transgendered, bisexual—can't hold fast for the common good of the whole. This thought of individual propulsion has and will deplete many and should be rethought by all in the struggle.

I wanted you to know that I appreciated your voice today. I really needed to read what you wrote.

Peace and Love,

Greg Howard
San Francisco, CA

Hey! Whassup?
I think you guys are awesome. Thanks for opening my eyes to what it's really about being black, gay, and (possibly becoming) transgendered. Your past issues have really touched my heart and made me realize that all is not lost for people who are different. I have been struggling with this stuff for almost all of my life, since I found out that I was attracted to black men. Being brought up in a strong religious home wasn't a barrel a fun. From the moment I knew I was gay, I have dealt with a lot of heartache from my peers and family members. Regarding the October 2001 article about masculinity: On countless occasions, I have tried to live up to the so-called black man's masculinity syndrome. Looking back, I think I was trying to be someone that I wasn't. I fell into the trap of thinking the better body you had, the better your chances of getting the catch of the day. But deep down inside I felt the presence of who and what I've been all these years, and that's a fierce diva who needs to pursue my dreams, ambitions, and goals with dignity. So keep up the good work.

Sincerely,
Bobbi Bouche

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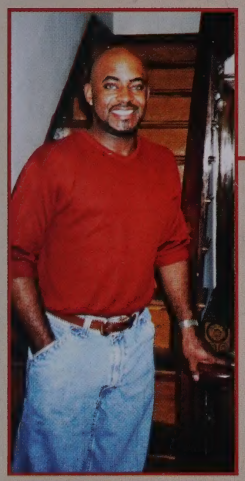
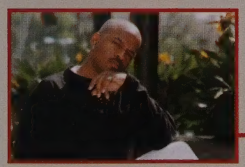
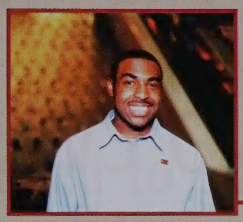


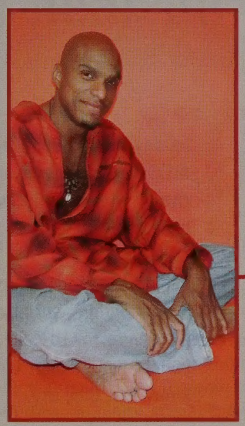
Harry "Duke" Banks is a case manager living in Washington, D.C. He is currently working on short stories of inspiration for people living with HIV, and dealing with issues of spirituality, sexuality, and acceptance.



Guy-Oreido Weston continues to work full time on HIV/AIDS issues. He now lives in Washington, D.C., and is writing a book about same-gender-loving black men in the Civil War South.



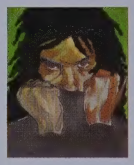
Clarence Fluker received his master's in Public Communication from American University in May 2002. His civil liberties work has garnered him recognition from numerous community organizations. Clarence was the recipient of the 2001 Outlook Award for Young Leaders.



Brent Dorian Carpenter is a feature writer and biweekly columnist for Michigan's gay weekly newspaper *Between the Lines* and also covers the black LGBT community for the black weekly *The Michigan Citizen.* He has written and self-published two novels: *Man of the Cloth* and *This Time Around.* He resides in Detroit and is currently on a book tour at several Black Pride celebrations east of the Mississippi.

Craig Washington has lived in Atlanta for ten years. In 1993, he began working at AIDS Atlanta where he created The Deeper Love Project, an HIV prevention and support program for black gay/bisexual men, which is still running. He also served as co-chair for Second Sunday, a support organization for black gay men. In January 2001, he assumed leadership of the Atlanta Gay and Lesbian Center. Craig lives in southwest Atlanta where he listens to Aretha, Chaska, and Jill Scott.

See no evil, Hear no evil, Speak no evil



are black men listening?

by Clarence* J. Fluker

The day I found out that my uncle, a black gay man, was infected with the virus that causes AIDS, the window through which I viewed the world changed. The day that I learned one of my closest friends, only two years older than myself, was infected with the virus, that window became wider.

I could see more and more the evils of not only the infection that causes so many people to eventually die, but also the evils that attribute to so many people being infected. Earlier this year the Center for Disease Control (CDC) released frightening numbers illuminating that scores of young men of color who have sex with men are infected with HIV and many of them don't even know that they are.

All the money local, state, and national governments pour into organizations and foundations to help spread the word about HIV/AIDS prevention and outreach, all the red ribbons that adorn lapels of people in the public eye, and all the media hoopla over the virus haven't stopped my brothers from being infected with, living with, and dying from the evil we have come to know as HIV/AIDS.

The black gay community is experiencing a crisis particularly amongst its youth and young adults when it comes to the spread of the virus, and in order to combat this crisis we must be radical and discuss those things we never discuss, open our eyes to the issues that we care not to see, and listen to what's really going on.

There is no single answer to the question of why the virus is spreading so vigorously among young black gay men; in fact the list of answers could be endless. I will pontificate here on a few of my answers to this most critical question.

The Black gay community is experiencing a crisis amongst its adolescents and young adults when it comes to the spread of HIV/AIDS. Is it because we've chosen to speak no evil, see no evil and hear no evil?

illustration by Claibourn Hamilton

See No Evil

It can be argued that the traditional message used in prevention and education is not culturally inclusive, and therefore, not effective in the black gay community. Imperative to receiving messages and proper interpretation of them is that the language and images used are reflective of the community. Widespread access to HIV/AIDS prevention and education materials and programs that are linguistically and culturally diverse has yet to come to minorities, especially those who do not dwell in major cities. Young people, like other groups, are prone to respond to images and language with which they can relate and feel a connection.

Connections are very important, and what may be most harmful to the black gay community is the social disconnect of youth and their elders. The social disconnect creates a lack of opportunity to provide history to the next generation. One reason history is important is because it offers an explanation of development and indicates what may happen in the future.

Many of my counterparts, youth and young adults of today, were not around or were too young to witness with their own eyes the devastation and deaths of gay black men during the late '70s and during the '80s. Because we haven't seen the fallout for ourselves, it creates a synthetic distance between the disease and us. For many of us, the disease and plight becomes foreign and not of our time, not a serious threat, and not of our concern.

Hear No Evil

Our community has been ignoring the cries for help from youth. The majority of young men who have sex with men and are infected with HIV become infected when practicing unsafe sex or when using dirty needles, two high-risk behaviors. High-risk behaviors are typically manifestations of low self-esteem and diminished self-worth.

Behavioral science research tells us that eliminating high-risk behaviors happens in a process of steps in a series of mental, emotional, and then actual behavior change.

In prevention efforts, messages are often communicated on how to use a condom and practice safe sex, but what isn't done is addressing why the person should change his behavior and want to protect himself from sexually transmitted diseases and infections, why he should value his life.

In a society where same-gender loving men of color are often victims of racism, heterosexism, economic disadvantages, and lack of support from their own racial/ethnic community, one can unfortunately understand why an individual would question his self-worth, experience low self-esteem, and as a result participate in high-risk behaviors.

Having sex without a condom is a symptom of a problem, not the problem itself. Until the community addresses mental and emotional triggers for high-risk behaviors among both youth and adults, a perpetual cycle of young men who have sex with men practicing high-risk behaviors will continue.

Illustration by Claibourn Hamilton

In prevention efforts, messages are often communicated on how to use a condom and practice safe sex, but what isn't done is addressing why the person should change his behavior and want to protect himself from sexually transmitted diseases and infections, why he should value his life.

Illustration by Claibourn Hamilton

Speak No Evil

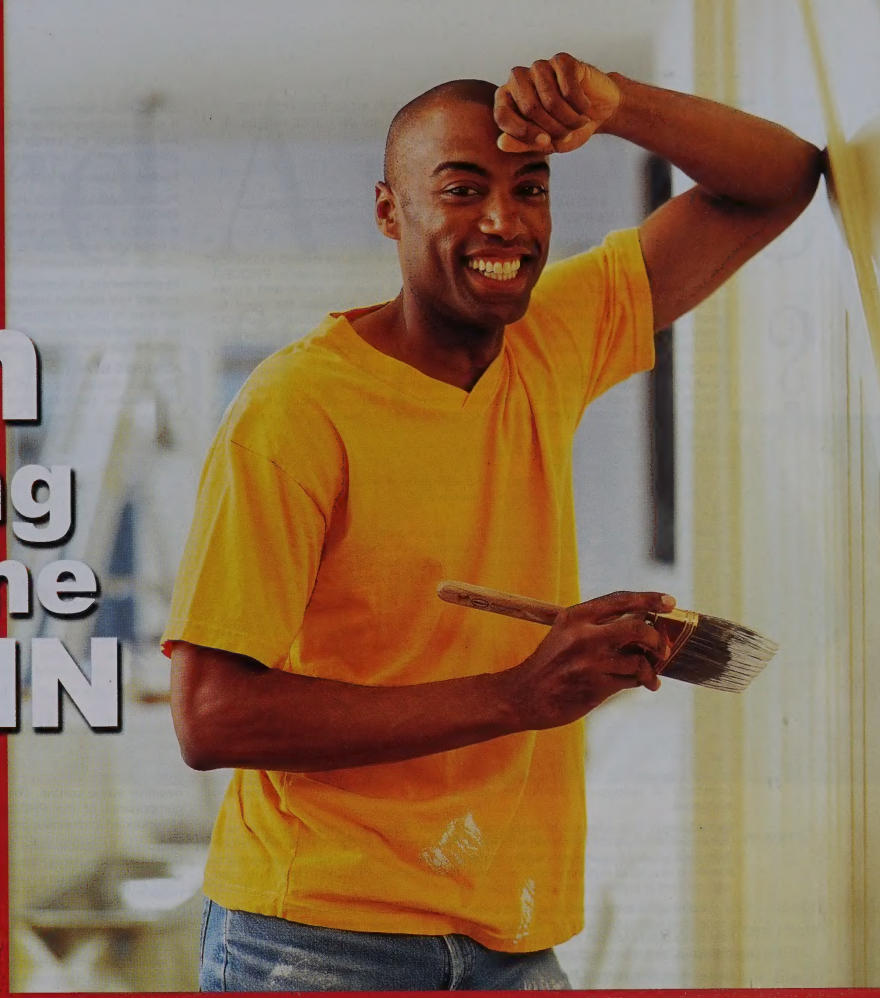
When the CDC releases reports on the state of HIV/AIDS, organizations request more money for programming and charge their development director with raising more money to cover administrative cost.

It's time to ask where did the last money go, and, if organizations want more funding, will they continue the same programs and outreach tactics that haven't shown a decrease in infection rates. It has been said that silence is the deadliest sound. The descendants of the gatekeepers are faced with the most tumultuous task in the history of man: saving lives from being taken by history's most horrendous epidemic. Yet we have failed to become angry and loud enough to demand more accountability.

Being satisfied with knowing that there is an organization doing programming for youth and young men of color is not the same as knowing that they are doing innovative, quality programming and evaluations. Individuals along with the community must hold people accountable for what they say is being done.

We have on occasion refused to call each other out. Trusting that someone else is doing the job, we have become complacent and perhaps aren't doing enough questioning of our own leadership and service organizations. Silence is too expensive a cost to pay for lives that our community does not have to spare.

The black gay community must now hear, speak, and listen.



I'm getting it done AGAIN

If you don't have the energy to do the things you used to do, ASK YOUR DOCTOR about your red blood cell count.

You may have anemia.

Feeling good isn't just about viral loads and T-cell counts. HIV and HIV medications (including AZT) can deplete your body's red blood cells and cause anemia. And anemia can make you feel tired and weak. Anemia affects 1 out of 4 people who are HIV+ and 3 out of 4 people with AIDS.

PROCRIT® (Epoetin alfa) is identical to the hormone your body naturally produces to increase your red blood cell count. More red blood cells can mean more energy.

It's a treatment that's been used for over 10 years and for more than 1 million patients. If you think anemia is stopping you from getting things done, ask your doctor if PROCRIT is right for you.

PROCRIT is an effective treatment for anemia induced by AZT-containing regimens in HIV patients. PROCRIT has a proven safety record. In studies, side effects were similar in PROCRIT- and placebo-treated patients. PROCRIT is available only by prescription and is administered by your healthcare provider as an injection. For complete details, see the Brief Prescribing Information on the following page.

PROCRIT®
EPOETIN ALFA
Strength for Living®

For more information, please call **1-888-839-5891** or visit **www.PROCRIT.com**

Manufactured by Amgen Inc., Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.**, Raritan, New Jersey 08869-0670

BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE TREATMENT OF ANEMIA IN ZIDOVUDINE-TREATED HIV-INFECTED PATIENTS

PROCRIT®

EPOETIN ALFA

For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS, REFER TO THE PHYSICIANS' DESK REFERENCE®

INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRIT is indicated to elevate or maintain the red blood cell level [as manifested by the hematocrit (HCT) or hemoglobin determinations] and to decrease the need for transfusions in these patients. PROCRIT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRIT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is ≤500 mU/mL and when patients are receiving a dose of zidovudine ≤4200 mg/week.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:

1) Uncontrolled hypertension.
2) Known hypersensitivity to mammalian cell-derived products.
3) Known hypersensitivity to Albumin (Human).

WARNINGS

Pediatric Use: The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRIT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

Delayed or Diminished Response: If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

Iron Evaluation: During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: See WARNINGS, Pediatric Use.

Pediatric HIV-Infected Patients: Published literature has reported the use of PROCRIT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

Hypertension: Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRIT. However, PROCRIT should be withheld in these patients if preexisting hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRIT.

ADVERSE REACTIONS

Adverse events reported in clinical trials with PROCRIT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of ≥10% in either patients treated with PROCRIT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT (N=144) first, Placebo-Treated Patients (N=153) second:
Pyrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRIT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRIT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRIT therapy.

Allergic Reactions: Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRIT and one was treated with placebo (PROCRIT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRIT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

Seizures: In double-blind and open-label trials of PROCRIT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRIT therapy.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT may be temporarily withheld until the HCT returns to the suggested target range; PROCRIT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

DOSAGE AND ADMINISTRATION

Prior to beginning PROCRIT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels >500 mU/mL are unlikely to respond to therapy with PROCRIT.

Starting Dose: For adult patients with serum erythropoietin levels ≤500 mU/mL who are receiving a dose of zidovudine ≤4200 mg/week, the recommended starting dose of PROCRIT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

Increase Dose: During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRIT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRIT.

Maintenance Dose: After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRIT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

STORAGE

Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.

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ORTHO BIOTECH

Manufactured by: Amgen Inc., US Lic. # 1080, Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.**, Raritan, New Jersey 08869-0670
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Where Are We One Year after 9-11?

by Akilah Monifa

It has been one year since the shocking and tragic events of September 11. There is no denying that the loss of lives was tremendous. Most of us have been directly or indirectly impacted, some even emotionally scarred by the constant viewing of death, dying, and destruction that dominated television. I was drawn to the coverage but also careful not to let my young daughter see or hear too much about it. There have been numerous reports of various types of post-traumatic stress disorders resulting from September 11.

Hours after the planes crashed, I remember hearing that nothing would ever be the same again. Fear began to surface in many people, as did patriotism. There were and are American flags everywhere and "God Bless America" has become our national anthem. The post 9-11 changes were immediate and obvious. The most noticeable impact was on air travel. At first there were limits on curbside checking of luggage and greater scrutiny at airport security. The list of items one could not bring aboard a plane was long. Forks and fingernail clippers were among the items initially excluded. The airlines themselves stopped providing plastic knives in coach and many simply eliminated food service altogether.

Additionally, the National Guard became a visible presence in our airports and patrolled other areas, most notably bridges. Backpacks were forbidden in most public spaces like concerts and sporting events. Searching of persons and bags was commonplace. But now, one year later, many of the so-called safety precautions have been relaxed or eliminated.

People of color were excluded from the mass media coverage for the most part. It was as if we were not killed on the planes, at the Pentagon, or in the towers. But we were prominent in other unfortunate ways.

Racial profiling became the norm. Even people of color who had previously denounced racial profiling, particularly when it manifested itself in driving, shopping, or living while black, now seemed in favor of racial profiling. Almost immediately people of Arab descent, Muslims, Southeast Asians, and those who were thought to look like them were profiled as prospective terrorists. People were booted off planes; others would go out of their way to avoid anyone who fit these profiled categories. It was like the old stereotype of a white woman clutching her purse when a black man entered an enclosed space, like an elevator, with her.

Attorney General John Ashcroft and others used the events and the fear of some Americans as an opportunity to limit our civil rights and liberties. Sweeping so-called anti-terror bills were implemented and terms like FWB (flying

while brown) or FWA (flying while Arab) came into prominence.

Ashcroft said that the objective of the anti-terror legislation was to take suspected terrorists off the streets. But the problem is that the legislation is in conflict with the Constitution. The American Civil Liberties Union and others are rightly concerned about the effect the legislation will have in the form of unconstitutional searches and punishment.

According to the ACLU, here are but a few ways that the legislation will infringe upon our civil rights and liberties:

1. Ashcroft will have the power to detain non-citizens based on mere suspicion, and to deny readmission to the United States to non-citizens (including lawful permanent residents) for engaging in speech previously protected by the First Amendment.

More than 1,000 suspects have been arrested in connection with the September 11 attacks, and the vast majority of them are still in custody. Pursuant to the legislation, immigrants suspected of terrorist activities can be detained for seven days without charges and, in some cases, held an additional six months.

The greatest act of patriotism and honoring those who lost their lives on 9-11 would be to overcome our fears while demanding to maintain our civil rights and civil liberties.

2. There will be minimal judicial supervision of telephone and internet surveillance by law-enforcement authorities in anti-terrorism investigations and in routine criminal investigations unrelated to terrorism. A possible consequence will be rampant eavesdropping on telephone, email, and internet conversations.

3. The government now has expanded powers to conduct secret searches both in terrorism and non-terrorism cases. They can enter your home when you're not there, and not tell you about it until much later.

4. Ashcroft and the secretary of state will have the power to designate domestic groups as terrorist organizations and block any non-citizen who belongs to them from entering the country. Mere membership can be a deportable offense.

5. The FBI can have access to all sorts of records--business, medical, educational—without first getting a court order.

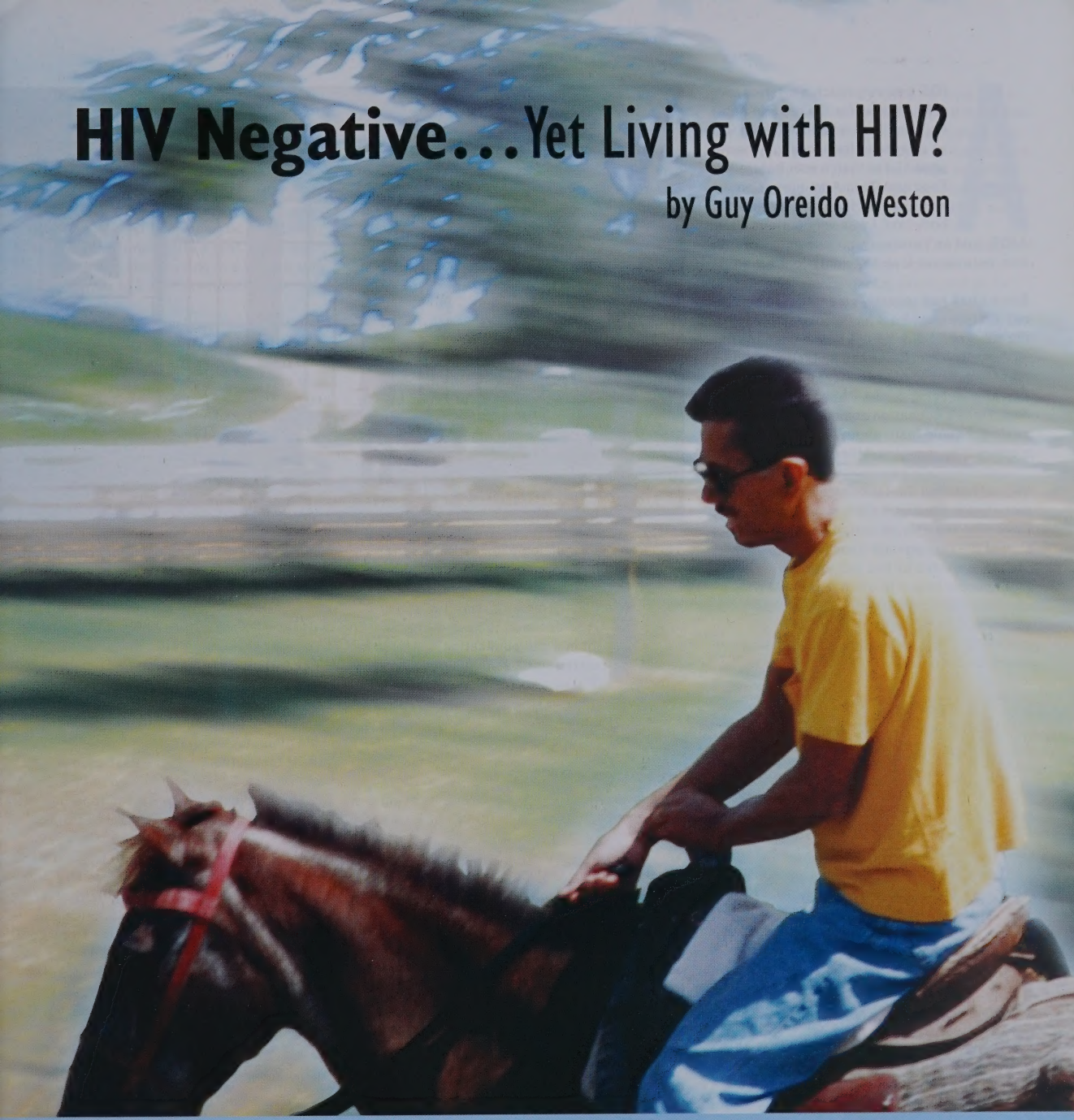
6. The definition of "domestic terrorism" is so broad that people who engage in acts of political protest could be subjected to wiretapping and enhanced penalties.

"We have fought too hard for our civil rights and civil liberties to let them be taken away in the name of Osama bin Laden," said Rep. Jesse Jackson Jr., D-Illinois.

Jackson is right. We should not let our fears stand in the way of our principles. We must stand up for our rights and liberties. The loss of lives on 9-11 was truly tragic. But this and our fears should not give way to racial profiling and the loss of civil rights and civil liberties. Unfortunately, we can't undo the events of 9-11, but nor should we compound them. Undoubtedly there will be numerous tributes and remembrances and memorials on the anniversary of 9-11. That is fitting and apt. But the impact of 9-11 extends beyond the anniversary of that day. One can be patriotic and still hold fast to the Constitution and reject racial profiling. In fact, the greatest act of patriotism and honoring those who lost their lives on 9-11 would be to overcome our fears while demanding to maintain our civil rights and civil liberties. We are, after all, the "land of the free and the home of the brave."

HIV Negative...Yet Living with HIV?

by Guy Oreido Weston



David on horseback - 6 months before his death

AIDS was very much a mystery in 1986, at least for the general public. I had learned a little about it as a reporter for a local gay newspaper. Less than a year before, the Food and Drug Administration had licensed the first HIV antibody test. I was very curious about AIDS, just as I was very curious about people who were gay or lesbian twenty-four seven.

Since I had just recently emerged into center-city Philadelphia from an "insulated life in the suburbs," I didn't think it was possible for HIV to touch me. Being the inquisitive soul that I was, I needed to find out more about it. The idea of being on the Philadelphia AIDS Task Force's education committee was appealing. I could learn about AIDS and become a community resource, I thought.

When I reached the Task Force's volunteer recruitment meeting, I didn't know a single soul. I was also the only person of color present. One of the first agenda items was a medical update, provided by two gay physicians. A lot of people began to ask questions. I was also curious, so I chimed in. I guess I asked the right ones. When the meeting was over, one of the two presenting physicians, who also happened to be the Task Force president, made a beeline over to my end of the table. After some initial small talk, our conversation turned into an informal job interview. I realized I was being considered for a job in the city health department's AIDS program. I was shocked, but exhilarated. What did I know about AIDS? A little more than the average gay man, a lot more than the average American. However, at that time few people outside of health care workers specializing in AIDS care knew much more.

So many moments filled in this room

About six weeks later, I went to work as an AIDS surveillance officer in the Philadelphia Department of Public Health. The entire AIDS program consisted of two and a half staff people, including me.

This was the beginning of a new career that would forever change my life. At twenty-seven, I was a former-Baptist-minister-turned-linguist who moonlighted as a reporter for gay newspapers. The decision to have my name appear in print in a gay publication had been a recent "calculated risk," as I did not want my full-time employers to know. Suddenly being gay was an asset that facilitated a new career.

The decision to have my name appear in print in a gay publication had been a recent "calculated risk," as I did not want my full-time employers to know. Suddenly being gay was an asset that facilitated a new career.

This new career would also violate conventional professional boundaries by intersecting with my relationship with David. We met in a club called Equus on July 24, 1986. He was soft and slender and a hard-working family-centered man. We clicked instantly. We were both homebodies who liked family life, loved to travel, and wanted more than anything to establish our family home. Every week we gathered with his brothers and their families for Sunday dinner at his parents' house. Eventually we traveled to his native Puerto Rico every year, sometimes twice. For the first time, I got to return to one of the many communities I grew up in as a military dependent. This may seem mundane to some, but if you spend a childhood gallivanting the globe, it is very significant. It seemed like everything David and I did together was new and special.

When he wasn't feeling well about a year and a half after we met, I took David to a physician friend. Although David did not have any illness that was life threatening or indicative of immune suppression, my "friend" decided to do an HIV test without real pre-test counseling. I was furious. I'd tested negative before. David and I had promised to get tested together the next time. Unaware of the politics of HIV testing in 1988, David seemed unfazed by the whole incident. At least until he went back for his results and found out he was HIV positive. Then he was furious. Initially, this news caused a strain on our relationship. He thought we should break up, but I saw no reason to. Perhaps unrealistically, I was not fearful of becoming infected. He was afraid he would affect me or become a burden. We got through that initial shock without many scars.

David remained asymptomatic throughout most of his seven years of knowing he had HIV. We eventually left Philadelphia and I began working in an HIV primary care clinic. Everything

that I learned at work came home. I learned when to call the doctor on the weekends and when to wait until Monday, how to manage medication side effects, which symptoms were likely to be medication side effects as opposed to HIV-related illness. I followed the state of the art of HIV antiviral therapy and preventive treatments against opportunistic infections. This was sometimes quite a feat, since we were now living and working in a suburb with no connection to a gay community.

David had relatively few hospitalizations while living with HIV. As recently as six months before his death, we were in Puerto Rico riding horses, swimming on the virgin beaches of the island of Culebra, and gallivanting around the main island as if there were no tomorrow.

I was surprised; David liked to enjoy himself, but he was excessively thrifty. We did more in this two-week trip than ever before. He appeared healthy. People were shocked that he'd had a T-cell count of ten for the past two years, that he had HIV at all. David must have known that time was getting short.

I learned when to call the doctor on the weekends and when to wait until Monday, how to manage medication side effects, which symptoms were likely to be medication side effects as opposed to HIV-related illness.

Two months after that last trip to Puerto Rico, David began to deteriorate rapidly. When he could no longer be confident of his energy level, he began to spend too much time at home alone. That Christmas, he managed to drive around and do all of his shopping independently. He tried very hard to be excited about Christmas, and he pulled it off. That was the last time he drove his car.

A few weeks later, I quit work to spend more time with him at home. I tried working just a few hours a week as a consultant, but it seemed like the five or ten hours I chose to work in a given week were the very hours he needed me at home. By February, he had been hospitalized once and could no longer stay home alone. He reluctantly agreed to have a visiting nurse.

One day David complained that he needed to go to the dentist. I made an appointment for him at a special dental clinic, and all he received was routine cleaning and x-rays. Apparently, his platelet count was too low to withstand a dentist poking around in his mouth. As a result, it seemed his mouth never stopped bleeding. This began a series of illnesses and hospitalizations that finally ended on March 12, 1995.

I had gone to the hospital early that Sunday because I wanted to spend some extra time with him. At about 1:20 p.m., I gave him a bath and we talked about things we would do when he felt better. Based on the vibes I was getting from his doctors, I had begun to wonder if he would get better.

Guy and David inPuerto Rico

David and I were still talking about a half-hour later when he said he wanted to lie on his side but couldn't get comfortable. I helped him get comfortable and we continued to talk. Suddenly he had some kind of seizure. I called for help. Nurses and doctors came running. At some point during all of this, David's brother and sister-in-law arrived. The nurse sent me out to greet them, but wouldn't let anyone else in the room. David's best friend walked up with a "what's all the commotion" look on his face. I shook my head, and the four of us embraced.

At 2:10 p.m., the doctor pronounced him dead.

At 1:49, David and I were enjoying small talk. At 2:10, he departed this life.

attempted to drown myself in loud music. The sultry emotion and energy of Patti, Aretha, and Jennifer Holiday played loud enough to almost crack my speakers carried me through. Gloria Estefan reminded me of David. Fortu-nately, my closest neighbor is almost a block away. To this day, I find solace in Aretha, Patti, Jennifer, and Gloria. My brothers-in-law, my own family, and one good friend were there when I needed them, but I usually wanted to be alone.

Eventually I went back to work in HIV/AIDS services. I thought I would be excited about the idea of working in the gay community again, but excitement is not how I would describe the experience of working there. I often felt dislo-cated. Some black colleagues have said things like "if they didn't cut off his d—, he's still a black man" to refute the idea that we should have targeted services for transgendered people. One year we waged a war to get a pur-ported African-American planning group to simply use the word gay or lesbian in an HIV services planning document. We lost that battle.

Almost simultaneously, my work life and my home life had disappeared.

The funeral was hard. My mother, who had recovered from chronic homophobia just a few years before, was a perfect "mother of the widower." She and her church friends organized the repast and served the food. My mother prayed a prayer of consolation during the funeral service. Three years before, she had barely been cordial; after we built our home, she and David became great friends. She hadn't known of his illness until just a few months before.

This was a culmination of the most difficult period of my life. David and I had been loners by choice and perfectly content with each other's company. We chose not to have many close friends. Most of my friends had been colleagues. Since I worked in another city, those connections were lost when I quit work three months before. Growing up in four other countries and five states, I've never really felt I had any deep roots anywhere. That had never bothered me before, but suddenly it seemed like I'd lost my personal sense of belonging. Almost simultaneously, my work life and my home life had disappeared.

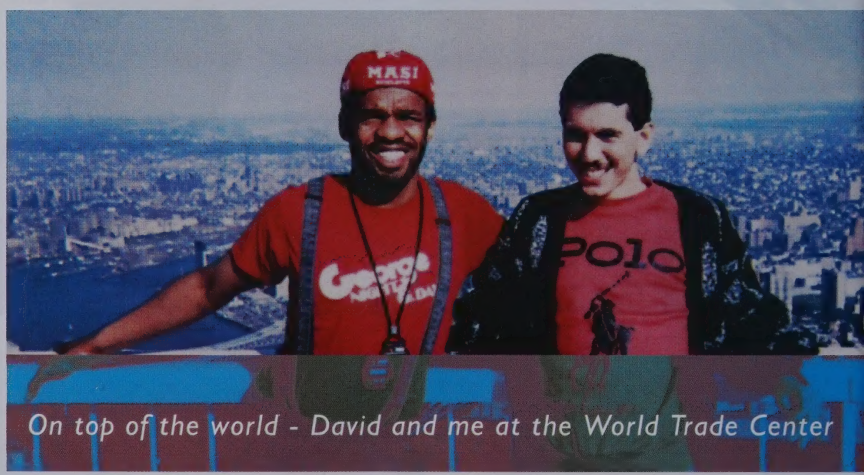
I retreated into my house. I did extensive landscaping, added a carport, and built a fence to establish boundaries between myself and the rest of the world. I bought a new stereo and

And many white colleagues have complained that prioritizing funding to agencies that are indigenous to heavily impacted communities is unfair affirmative action. When, to clarify this most devastating impact of HIV/AIDS on black women, we cite data indicating that the rate of AIDS cases in black women is ten times higher than in white women, somehow we're playing negative racial politics. These are common examples of the conflict that we face daily in the HIV/AIDS services planning arena.

In the middle of all this, I had a date with a guy I didn't know very well. We stopped by my house en route to our destination so I could change. He asked who the guy was in the pic-tures with me on an end table in my living room. I explained that he was David, and who David had been. My date couldn't believe that I was not also HIV positive. Almost im-mediately, he asked to be taken back to the train station, having been to my house for only twenty minutes.

Later that week, I penned the following words:

White Racism ... ... Black Homophobia
I deny myself ... ... Which one today
White racists and Black homophobes
Both kill me with flattering words.
Black homophobia: There's no need to mention LGBT
White racists: Why do you need special treatment?
White racism: Keep the system intact. We created it.
We deserve it.
Black homophobes: If they didn't cut of her d— yet,
she's still a black man.
Black homophobia: Homosexuality is a
Eurocentric concept.
White racism and Black homophobia: "If you
weren't so militant, we could all get along."
Black and White AIDSphobia:
You say you're HIV negative and your ex died of AIDS?
I'm sorry. I have to leave now.



On top of the world - David and me at the World Trade Center

Sista Hud

a profile of Ms. Darlene Hudson

by Craig Washington

From Little Rock to Atlanta, this freedom rider's path etches a nexus of liberation struggles across the Dixie landscape. She is an openly lesbian activist who traverses both the hetero and gay sectors of black society. Darlene Hudson is a quintessential daughter of the dust whose life and work demonstrate the possibility of us being ourselves and staying connected to our people.

Ever since her Girl Scout days towing her sister piggyback to school in rural Fordyce, Arkansas, Darlene was known as one dedicated to helping others. She was raised by her grandparents, who owned a juke joint, until her mother, Barbara Galvin, relocated the family to Little Rock. The Church of God in Christ (COGIC) yielded her first formal "coming out" to society. "They all loved 'Sista Hud,'" COGIC's former choir director recalls. "They trusted me." When the state health department hired her as a health educator, she utilized her ties to the church to reach the least-served pockets of rural Arkansas. When the big disease with the little name was still largely unspoken, she untied tongues and unyoked hearts one congregation at a time. Then Sista Hud fell in love with a fellow member of the church, another sister. Until then she had not accepted her sexual orientation, but soon after her discovery, she went to the bishop and shared her news. "I wanted him to know because I knew he loved me. I don't know if the community could have embraced my gayness if they hadn't learned to love me as Darlene."

In 1988, while white gays had access to AIDS education and condoms, "black gays didn't have anybody come to our neighborhoods to teach us. [We got] only hearsay, and the hearsay was that so-and-so was sick or dead." She began working with a circle of sistas to educate LGBTs about such health concerns as HIV, breast cancer, and cervical cancer. Hudson helped acquire resources for the group. Soon after brothers noticed their safer sex tables at the clubs and joined them, they named themselves Brothas and Sistas (B&S). The organization later formalized as a non-profit organization that offered health education, social support, and safety for those who could not or would not pass as heterosexual. To this day, B&S is the only organization in the state of Arkansas that is for us by us.

During a recent working visit to Little Rock, I joined a B&S outreach table for a once-a-month event. Both new and veteran members spoke with reverence and high humor about their since-relocated founder who still offers assistance from Atlanta.

"I laid foot on the Georgia red clay in 1998," says Sista Hud. And she's been on the trail ever since. Like many of her fellow organizers, Darlene wears a few hats in order to fulfill her commitment to a full expanse of service. Shortly upon arrival, she became a Healthy Love project educator with Sisterlove, Atlanta's first black women's AIDS organization. It was there that she helped foster a Pan-African exchange of education and support services between sisters from the States and South Africa.

"My trip there was an awakening, a rejuvenation. I had to learn how to address safer sex and relationships in a South African context. We also talked about gay and lesbian organizing." Throughout the colorful cadre of local gay organizers and HIV activists, she is distinguished by her ability to cut to the chase and her consistent advocacy of the underprivileged. She volunteers her skills as member of In The Life Atlanta's planning committee, helping to coordinate the 2002 Atlanta Black Gay Pride. To pay the bills, she is currently conducting interviews with HIV-positive women from eleven states to assist a research project with Project Azuka, a black AIDS agency based in Savannah. She is also a part-time youth program coordinator for the Southwest Family YMCA, a branch that emphasizes community-building activities. In keeping with such values, last year, Ms. Hudson took her kids to visit the Birmingham Civil Rights Museum and participate in both AIDS Walk Atlanta and the first "Stand Up and Represent" Black Gay Pride march. "I teach inclusion and acceptance of people," she says, accentuating the last word. "I'm balanced in my approach to doing my part for my community."

"When more people like me continue to be in the traditional black places like the Y, they see us," says Hudson. She is an increasingly active member one of Atlanta's most storied neighborhood associations. East Lake is an in-town enclave that for decades has served as home to generations of poor and working class blacks and, recently, an influx of gays, some of whom are black and very out. Like Darlene and her partner, Stephanie, these gays don't isolate in white gay ghettoes, nor do they try to comfortably assimilate in the hood by passing as straight. This particular demographic blend is an increasing trend spreading across the city that self-promotes as "too busy to hate." It may be that black Atlantans are being nudged to accept or reconcile with those who don't flash gender neutral pronouns as futile invisibility shields which ironically highlight the very aspects they are meant to veil. It is this self-placement in our own villages as uncloseted neighbors that may induce further shifts in black cultural attitudes about sexuality and sexual identity.

This growth of acceptance is likely more typical of a minority of large southern cities (which are magnets for gay and straight-but-not-narrow transplants) than the small or rural towns that make up most of the Bible Belt. Darlene is quick to mark the differences of identity and experience of Atlantans and their double kin throughout the rest of the region. "When you come outta Atlanta, that's another kind of people. They're not all country bumpkins. Some work in the hotels and the White Castles and the farms. It's like they're waiting to hear that it's okay to be gay. A lot of the gay professionals just wanna make sure those car notes are paid."

As a friend and co-worker, I remain in awe of my straight-no-chaser comrade. In the face of her stalwart dedication, I am embarrassed by my mercurial faith in our movement and our people. "Some people say, 'oh that's horrible,' but never do a thing to address it. It all springs from within me. It's centered around my spirituality. I just do my part, from a real concern that moves to a solution. I can't tell you that I've changed anything other than my diet."

"Black gays didn't have anybody come to our neighborhoods to teach us. [We got] only hearsay, and the hearsay was that so-and-so was sick or dead."

—Darlene Hudson, on providing AIDS education in Arkansas in the late '80s]

WHAT KALETRA HAS TO OFFER MAY SURPRISE YOU

ASK YOUR DOCTOR ABOUT

kaletra®
(lopinavir/ritonavir)

FOR THE TREATMENT OF HIV

KALETRA is indicated for the treatment of HIV infection in combination with other antiretroviral agents in patients 6 months of age or older. KALETRA does not cure HIV infection or AIDS and does not reduce the risk of passing of HIV to others.

Safety Information

KALETRA should not be taken if you have had an allergic reaction to KALETRA or any of its ingredients.

KALETRA must not be taken with certain drugs due to the potential for serious and/or life-threatening side effects. Discuss all medicines, including those without a prescription and herbal preparations, you are taking or plan to take with your doctor or pharmacist.

Pancreatitis and liver problems, which may cause death, have been reported in patients receiving KALETRA. Tell your doctor if you have or have had liver disease such as hepatitis. Your doctor may want to monitor your liver function. In patients taking protease inhibitors, increased bleeding (in patients with hemophilia) and diabetes/high blood sugar have occurred. Changes in body fat have been seen in some patients receiving antiretroviral therapy. Some patients receiving KALETRA have had large increases in triglycerides and cholesterol.

The most commonly reported side effects of moderate or severe intensity are: abnormal bowel movements, diarrhea, feeling weak or tired, headache, and nausea. Children most often reported diarrhea, rash, taste aversion, and vomiting.

KALETRA oral solution contains alcohol.

Please see adjacent page for Patient Information.

www.kaletra.com

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Abbott Park, IL 60064

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KALETRA™
(lopinavir/ritonavir) capsules
(lopinavir/ritonavir) oral solution

ALERT: Find out about medicines that should NOT be taken with KALETRA. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

Patient Information

KALETRA™
(kuh-LEE-tra)

Generic Name: lopinavir/ritonavir
(lop-IN-uh-veer/rit-ON-uh-veer)

Read this leaflet carefully before you start taking KALETRA. Also, read it each time you get your KALETRA prescription refilled, in case something has changed. This information does not take the place of talking with your doctor when you start this medicine and at check ups. Ask your doctor if you have any questions about KALETRA.

What is KALETRA and how does it work?

KALETRA is a combination of two medicines. They are lopinavir and ritonavir. KALETRA is a type of medicine called an HIV (human immunodeficiency virus) protease (PRO-tee-ase) inhibitor. KALETRA is always used in combination with other anti-HIV medicines to treat people with human immunodeficiency virus (HIV) infection. KALETRA is for adults and for children age 6 months and older.

HIV infection destroys CD4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

KALETRA blocks HIV protease, a chemical which is needed for HIV to multiply. KALETRA reduces the amount of HIV in your blood and increases the number of T cells. Reducing the amount of HIV in the blood reduces the chance of death or infections that happen when your immune system is weak (opportunistic infections).

Does KALETRA cure HIV or AIDS?
KALETRA does not cure HIV infection or AIDS. The long-term effects of KALETRA are not known at this time. People taking KALETRA may still get opportunistic infections or other conditions that happen with HIV infection. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.

Does KALETRA reduce the risk of passing HIV to others?

KALETRA does not reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

How should I take KALETRA?

- You should stay under a doctor's care when taking KALETRA. Do not change your treatment or stop treatment without first talking with your doctor.
- You must take KALETRA every day exactly as your doctor prescribed it. The dose of KALETRA may be different for you than for other patients. Follow the directions from your doctor, exactly as written on the label.
- Dosing in adults (including children 12 years of age and older): The usual dose for adults is 3 capsules (400/100 mg) or 5.0 mL of the oral solution twice a day (morning and night), in combination with other anti-HIV medicines.
- Dosing in children from 6 months to 12 years of age: Children from 6 months to 12 years of age can also take KALETRA. The child's doctor will decide the right dose based on the child's weight.
- Take KALETRA with food to help it work better.
- Do not change your dose or stop taking KALETRA without first talking with your doctor.
- When your KALETRA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to KALETRA and become harder to treat.
- Be sure to set up a schedule and follow it carefully.
- Only take medicine that has been prescribed specifically for you. Do not give KALETRA to others or take medicine prescribed for someone else.

What should I do if I miss a dose of KALETRA?

It is important that you do not miss any doses. If you miss a dose of KALETRA, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

What happens if I take too much KALETRA?

If you suspect that you took more than the prescribed dose of this medicine, contact your local poison control center or emergency room immediately.

As with all prescription medicines, KALETRA should be kept out of the reach of young children. KALETRA liquid contains a large amount of alcohol. If a toddler or young child accidentally drinks more than the recommended dose of KALETRA, it could make him/her sick from too much alcohol. Contact your local poison control center or emergency room immediately if this happens.

Who should not take KALETRA?

Together with your doctor, you need to decide whether KALETRA is right for you.

- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and non-prescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

Can I take KALETRA with other medications?*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylergonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergotrate Maleate, Methergine, and others
  - Halcion® (triazolam)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (flecainide)
  - Versed® (midazolam)
- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.
- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.
- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.
- **A change in therapy should be considered if you are taking KALETRA with:**
  Phenobarbital
  Phenytoin (Dilantin® and others)
  Carbamazepine (Tegretol® and others)
  These medicines may lower the amount of KALETRA in your blood and make it less effective.
- **Other Special Considerations:**
  KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.
- **If you are taking both didanosine (Videx®) and KALETRA:**
  Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

What are the possible side effects of KALETRA?

- This list of side effects is **not** complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.
- The most commonly reported side effects of moderate severity that are thought to be drug related are: abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.
- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.
- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.
- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.
- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.
- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.
- Some patients with hemophilia have increased bleeding with protease inhibitors.
- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

What should I tell my doctor before taking KALETRA?

- *If you are pregnant or planning to become pregnant:* The effects of KALETRA on pregnant women or their unborn babies are not known.
- *If you are breast-feeding:* Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- *If you have liver problems:* If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.
- *If you have diabetes:* Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.
- *If you have hemophilia:* Patients taking KALETRA may have increased bleeding.

How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

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Revised: January, 2002

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Be a Part of History

A Journey Home

with ARISE Magazine and MyFreedomTour.com to

Johannesburg & Capetown, South Africa,

November 5–15, 2002

ARISE Magazine *is born out of the stuff that challenges us to reexamine what we thought we knew, to raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move higher in the knowledge of self and the world around us...*
—Editor's Letter, ARISE Premiere Issue, November 2000

This November 5–15, 2002, ARISE Magazine, in association with MyFreedomTour.com, will make history. Our goal is to travel with two hundred sexually diverse people of African Descent for "A Journey Home" to Johannesburg and Capetown, South Africa. Guests will be afforded all the comfort, intrigue, and spectacular beauty that should accompany global travel.

Guests can participate in the South African International LGBT Film Festival and visit South Africa's historic sites, wine region, islands, and nature preserves in a selection of fascinating ground tours arranged for your entertainment, all included in the cost of the tour.

This trip may cause you to recall a forgotten dream, embrace a distant vision, or possibly redefine your purpose in life. Join us on this Journey Home, to see, taste, touch, and feel what South Africa has to offer. The Journey Home promises to be a time of deep fulfillment and personal reflection.

Join us. For more information check out *www.myfreedomtour.com/capetown/tourinfo.html* or *www.arisemag.com*.

Sincerely,

MacArthur H. Flournoy
Publisher
ARISE Magazine

Glenn Alexander
Publisher
ARISE Magazine

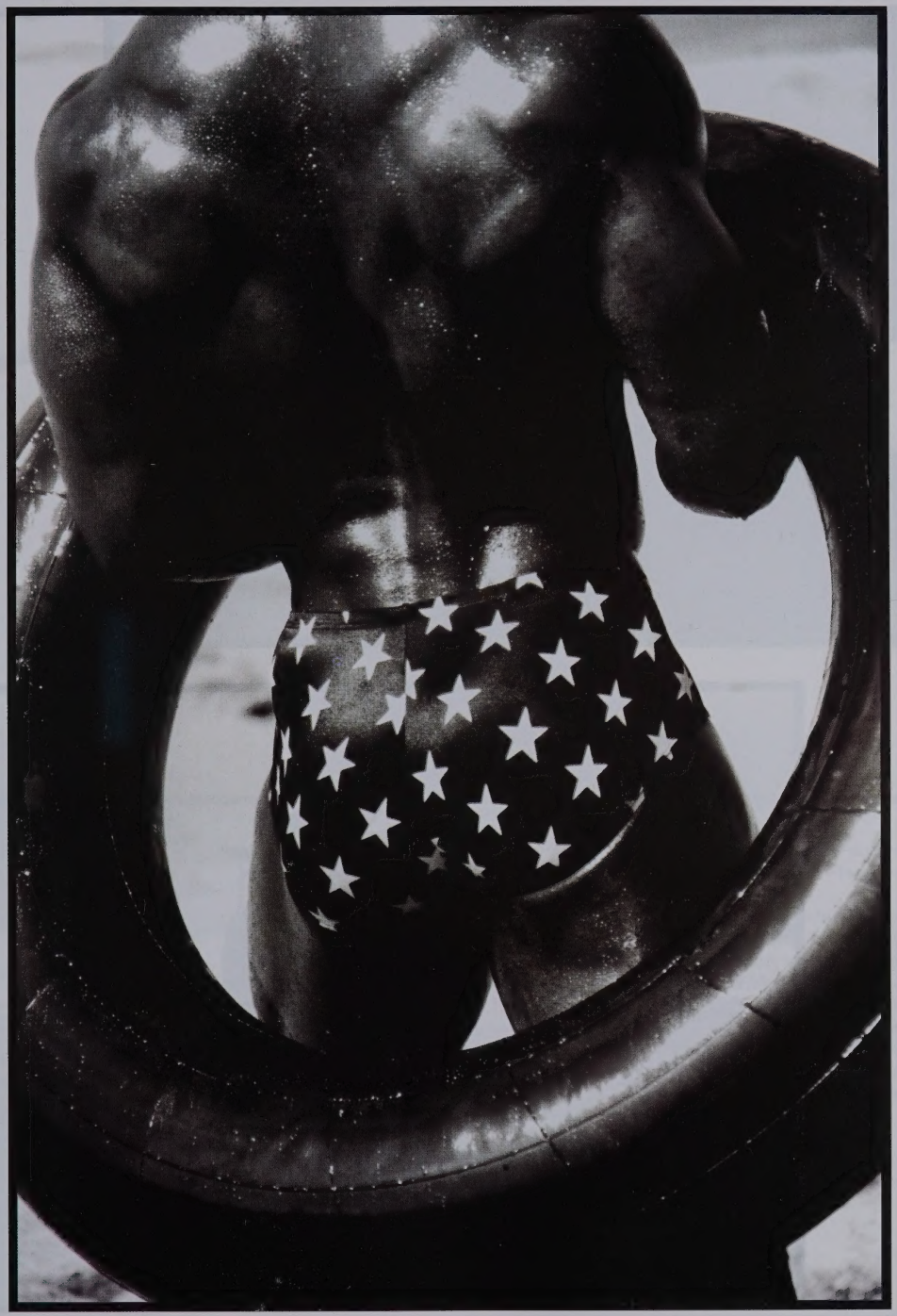
Greg McNeal

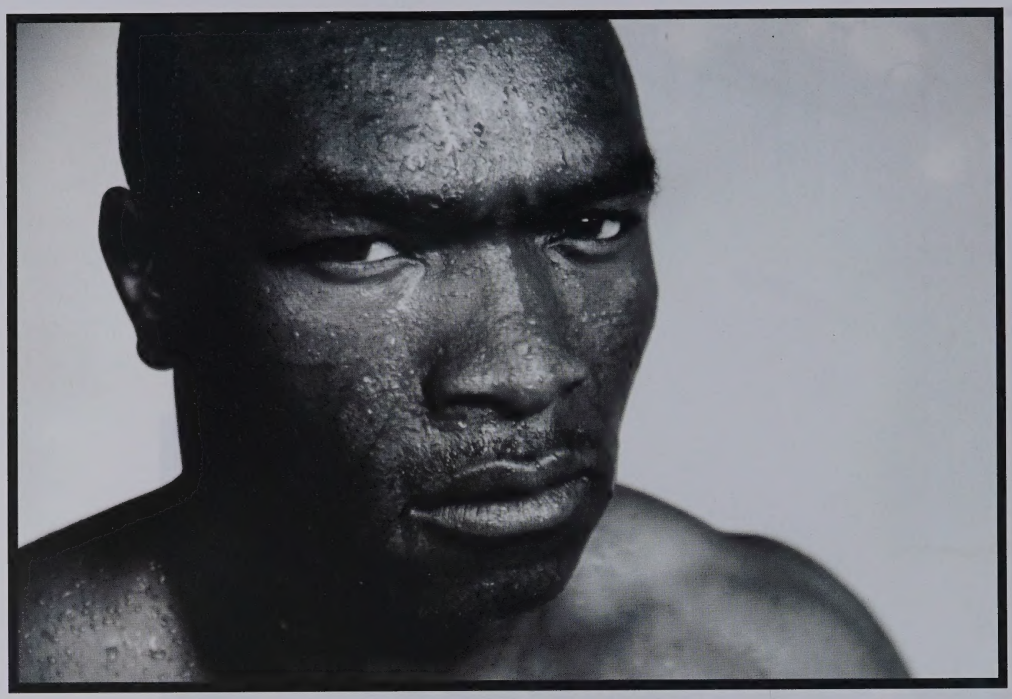
A PHOTOGRAPHER WITH HEART

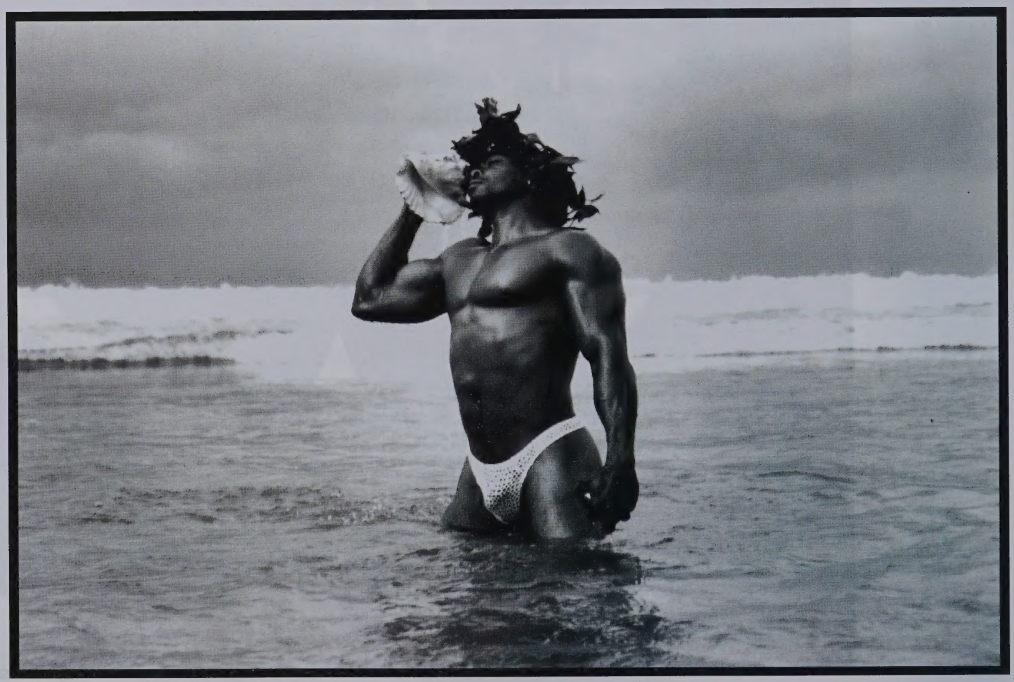
by MacArthur H. Flournoy

The first time I tried to show my work at a museum in South Central Los Angeles, they ran me out of there. Two years later the Smithsonian Museum featured my exhibit. At times you feel lonely, sad, or even abandoned but you just keep fighting. You don't give up.

—Greg McNeal, photographer





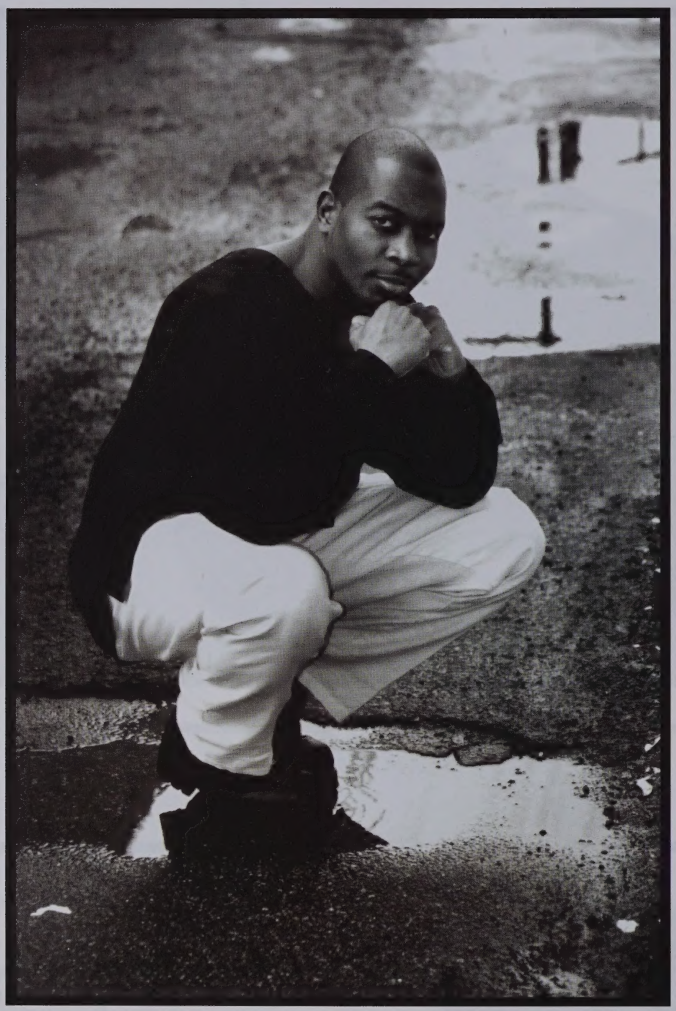


More than fully developed pectorals, sculpted abdominals, bronze shoulders, or even glistening smiles, Greg McNeal loves people that have heart. The thirty-seven-year-old photographer, who hails from Fulton, Tennessee, a whisper of a town three hours' drive from Memphis, is from a family of seven, five boys and two girls. His love of the arts began as a child, known by family and neighbors for his skill as an artist.

In 1989 McNeal heard the call of California and responded. "I just knew it was time to leave," remarked the native Tenessean. In the beginning, McNeal held jobs as a salesman and as a waiter. These positions did not quench his thirst for a new life.

Many have characterized McNeal's work as luscious, erotic, elegant, and provocative. As the photographer of images that capture the sensuality of black men, one could errantly assume that McNeal has always been comfortable with his sexuality. But McNeal knows otherwise. "I was a virgin until I was twenty-five. The first time I had sex, it was with a woman, and that was a birthday gift to me."

Though now comfortable in his sexuality, attraction to men is something McNeal has often struggled with. At times he merely



Greg McNeal, photographer

ignored his true self and downplayed its significance. "I was always aware of my sexual attraction to men ... but I was a high school jock, so whenever the situation came up I just dodged it ... you just overlook it until you're ready. In fact, I pushed off all sex. Less than a year after having sex with the woman, I had sex with a man. I knew that this was what I had been waiting for."

Changes in life sometimes foster new beginnings and this was the case with McNeal. Nineteen ninety-four brought life changing transformation. McNeal had just ended a four-year relationship with a man with whom he was deeply in love. The job he held at the time lacked challenge. Then one day, the miraculous happened.

"A relationship I had been in had just ended. I was miserable and stressed in my job. I was lying in bed one day and a voice said, *"Pick up a camera."* So, I got a friend's Instamatic camera, and just started shooting."

"From the beginning I wanted to make a difference. When I discovered black photographers, I found they didn't have black models in their books. When I asked them why there weren't any, they responded that it wasn't

worth it. According to them, there wasn't a market for photographs of black men. At the time, the only images of black men were those of men incarcerated."

Shortly after launching his career in photography, McNeal got some harrowing news. "I learned I was HIV positive four weeks after that break up. So I had to keep shooting photographs just to keep breathing. There have been days when I've been willing to walk into the ocean at six a.m. or stand in the rain just to get a photograph. My pictures are like my children. You fight a system that doesn't want you here. But there are some things that you just can't stop."

McNeal will tell you that he has no formal training or education in photography. It is through his observation and pouring over literally thousands of images that he has developed his own eye for light, depth, and texture. He has studied positive images by Gordon Parks and objectified images by Robert Mapplethorpe, both of which have helped him define his approach.

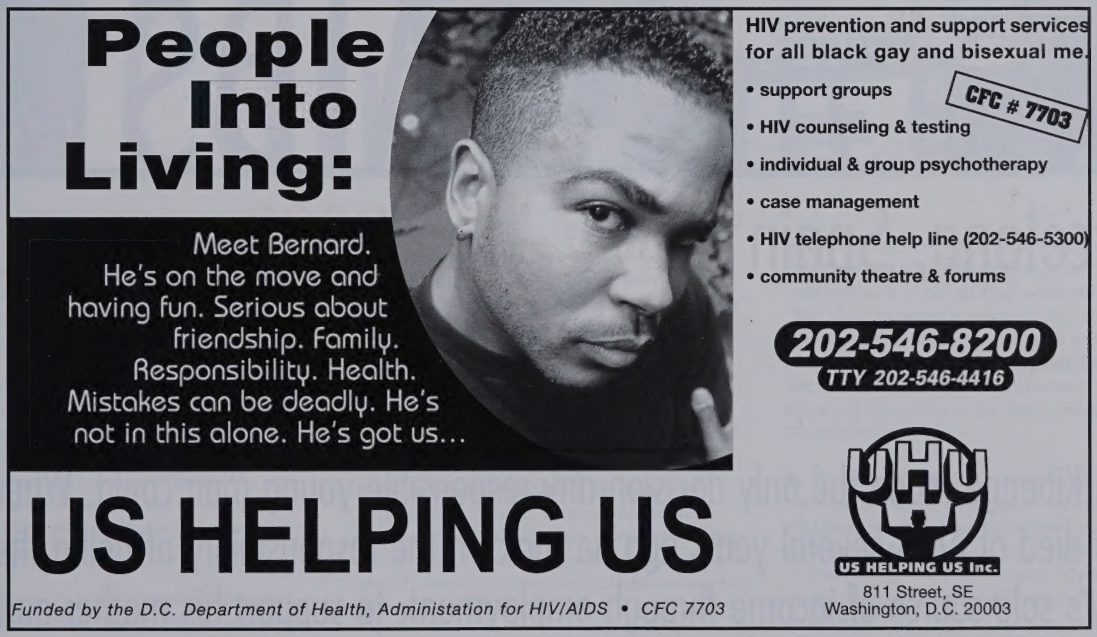
"I learned you've got to make pictures speak. Some people put their work out there and all it shows is arrogance and ignorance. I wanted to counter what Mapplethorpe was doing. It was soft porn. We need to respond to that. There is beauty, integrity, and heart in black men. That is the basis of my work," says McNeal.

"Photographs are windows of freedom—windows to look through a person to see their passions and feelings. These moments become works of art. Too many of us hide because we want to belong to the crowd or blend: models that don't model, singers that don't sing, directors that don't direct." McNeal hurls rhetorical questions into the air: "How are you going to allow someone else's opinion of you to get in the way? Why can't we express how we feel about things? Some people don't want other people to see who they really are. Sometimes you just need room to breathe."

This is one photographer who understands the whole spectrum. "I'm no fool. I know there are people who are deliberately trying to block my blessings. The first time I tried to show my work at a museum in South Central Los Angeles, they ran me out of there. Two years later the Smithsonian Museum featured an exhibit of my work. At times you feel lonely, sad, or even abandoned, but you just keep fighting. You don't give up."

More than anything else McNeal wants to be "known as the guy that did his job. I want people to say [he] did what he was supposed to do. I just don't have patience for people who play games. I like people that have heart."

For more information on Greg McNeal Photography or if you are interested in modeling, he can be contacted at: Greg McNeal. Post Office Box 75900, Los Angeles, CA 90075.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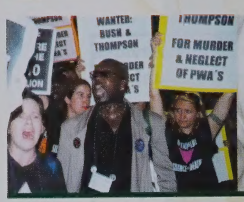
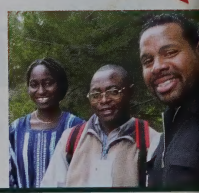




Barcelona, Spain July 7–12, 2002

Owen Kibenge made the only decision any responsible young man could. When his father died of AIDS several years ago he took on the responsibility of being the family's sole source of income through employment, to support his mother and two

siblings. But last year, when his mother died of AIDS at the age of fifty-one after enduring the final stages of the debilitating disease for more than twelve months without so much as an aspirin, Owen took on the added responsibility of becoming a parent to his eighteen-year-old sister and sixteen-year-old brother. This twenty-seven-year-old man from Uganda came to the XIV International AIDS Conference as a journalist, a father, and one who had lost two parents and more friends than he can count to HIV/AIDS. Owen's experience was not unlike other life stories shared by people from nations throughout Africa, South America, Asia, Russia, and even still, the United States. All came looking for answers.

As delegates from various parts of the world converged on Barcelona, Spain, for the XIV International AIDS Conference, a cloud loomed overhead, its presence almost palpable—a cure for AIDS remains elusive, infections are multiplying at a rate of about 14, 000 per day, and Anti-Retroviral Therapy

While more than forty-five million people in the world are infected with HIV, as noted by the Centers for Disease Control and Prevention, seventy percent—a stunning twenty-eight million—of those individuals reside in Sub-Saharan Africa.

In a astonishing declaration of solidarity by the leadership of Gay Men's Health Crisis in New York, AIDS Project Los Angeles, Whitman Walker Clinic in Washington, D.C., and the San Francisco AIDS Foundation, the notion was asserted that unless communities, organizations, and government wrestle with the complexities of poverty, racism, and homophobia among communities of color, there is no end in sight for the devastating impact of HIV/AIDS.

For more than two years, the United States has known that thirty percent of young gay black men in major urban centers are in fact HIV positive. However, another study produced findings at the XIV International Conference indicating that a full ninety percent of young gay black men do not know their HIV status. How could such a situation occur in the wealthiest nation in the world? This raises questions in the area of prevention.

Conference

remains inaccessible for the majority of the world's population due to cost. Six millions people have died of AIDS-related illnesses since the XIII International AIDS conference in Durban, South Africa, two years ago.

The paralyzing truth of the week was that nations inundated with poverty are being hit hardest by HIV infections and AIDS-related deaths. Unless there is a radical change in foreign policy among wealthier nations, we can anticipate seventy million more deaths with the next two decades: a situation that is preventable.

While more than forty-five million people in the world are infected with HIV, as noted by the Centers for Disease Control and Prevention, seventy percent—a stunning twenty-eight million—of those individuals reside in Sub-Saharan Africa. Presentations at the conference were made on the growing number of infections in Russia, Asia, and other developing nations. One estimate is that every day there are eight thousand five hundred AIDS related-deaths daily.

Helene Gayle, president-elect of the Bill and Melinda Gates Foundation, articulated a perspective of hope. "It is estimated that there will be 45,000,000 new infections by the year 2010, but if we use the information we already have, this number could be reduced by twenty-nine million."

Judy Auerbach, Ph.D., from the National Institute of AIDS, openly discussed the inadequacies of our exiting prevention efforts. "We need to retool our prevention efforts. There need to be better linkages across disciplines such as the biological, behavioral, social, and epidemiological sectors. We don't know yet know how to do that," charged Dr. Auerbach.

Dr. Seth Barkley of the International AIDS Vaccine Initiative, while cautious in his statements, expressed hope in vaccine development efforts that may prove beneficial in preventing HIV transmission. One study in particular will release its findings in the first quarter of 2003.

Gossip? or Heartfelt Sentiments?
More troubling was the undercurrent of conversation that fell from the mouths of some delegates in attendance, some of whom were black and Latino gay men from the United States. Some operated in the highest levels of government while others headed community-based organizations. The thought was the same, though worded differently: How can the United States think of increasing foreign aid to other nations while people of color our dying in this nation? Though uttered in hushed and whispered tones, the thoughts clamored with hypocrisy and exclusionary thinking in the same way majority gay culture balked at the notion of gay men of color having culturally competent services. At that time some white gay men were known to advocate against such services, claiming that such services would detract from their issues, financially and otherwise.

It would seem that the proverbial "them" has now become "us." And now some people of African and Latin descent that live in the United States find themselves questioning the validity of making such investments in other countries in the form of foreign aid. It should be noted that, according to the Organization for Economic Cooperation and Development, the United States ranks *last* among industrialized nations in providing foreign aid—*only one tenth of one percent* of our federal budget in 2001. The question comes to mind, will people of African descent in this country perpetuate the same form of racism and exclusionary thought that will surely result in needless death?

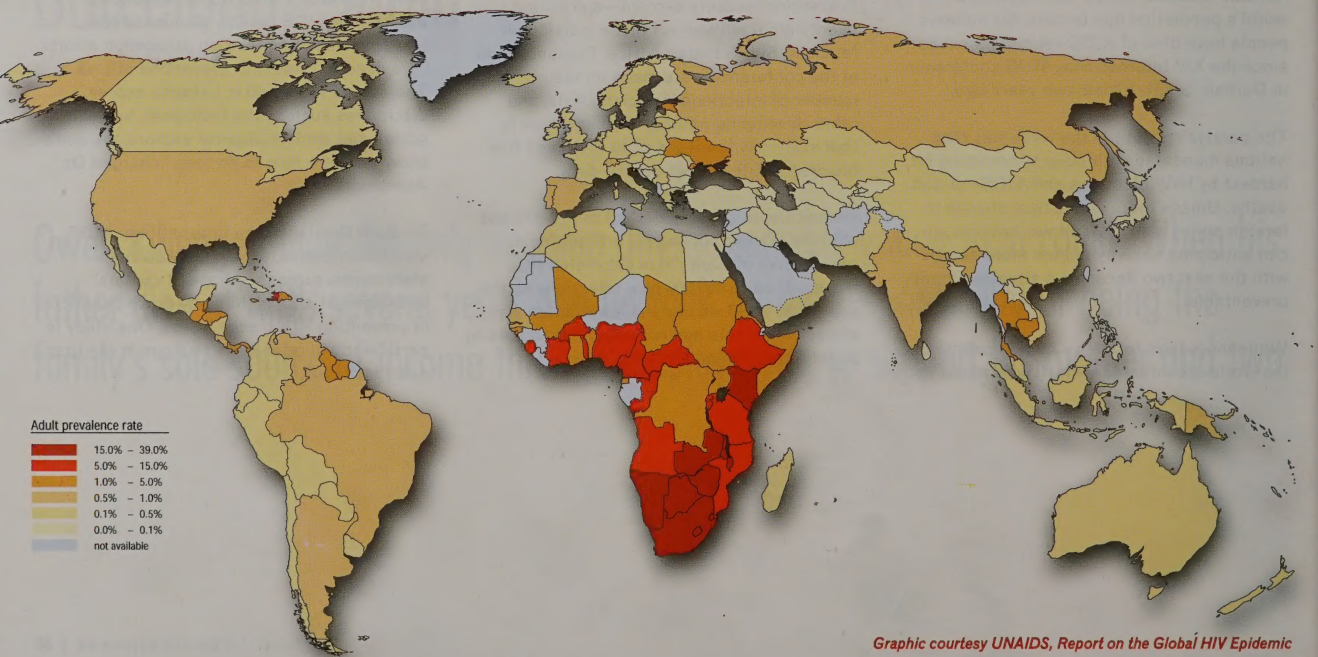
President Bill Clinton, in his address to the general assembly, offered a perspective on this issue. "The great conflict of the early twenty-first century is between the forces of integration and cooperation against the forces of disintegration and chaos, between those who believe in a shared future and those who claim a separate future, between those who wish to live in inclusive communities and those who want exclusive communities, composed only of people who think and act alike. We have to move the world from interdependence to an integrated global community, to people who want a shared future in an inclusive community. We cannot do it without defeating AIDS and no one can sit on the sidelines."

Owen Kibenge, who knows the first hand effects of AIDS related death, hopes that is the case. From all indications there are millions of people on the continent of Africa that hold out hope for an answer to a complex and riddling disease. Will those that live in this country, who have known success and wealth, reach beyond our borders to the continent of our origin? What will our response be?

President Nelson Mandela, in his address to the general assembly concluded his remarks with the following statement that carries wisdom from the ages: "In Africa, we have a concept, based on the recognition that we are only people because of other people. We are all human, and the HIV/AIDS epidemic affects us all in the end. If we discard the people who are dying from AIDS, then we can no longer call ourselves people. The time to act is now. We can make a difference."

The U.S. ranks last among industrialized nations in providing foreign aid.

A global view of HIV infection—40 million adults living with HIV as of end 2001



Graphic courtesy UNAIDS, Report on the Global HIV Epidemic

To Be or Not To Be Positive!

One brother's perspective on getting through tough times

by Duke Banks

I've heard that if I think positively about the state of my affairs, the turnout will most likely be in my favor. I've also heard that a positive mind is a healthy mind. As a matter of fact, everything that deals with being positive has an end result that works to the betterment of mankind.

I was raised in the church and taught to believe that weeping will endure for a night, but joy will come in the morning.

Being a positive person, having a positive attitude, and even the positive terminal of a battery can help us move in the direction of increase, progress, or forward motion. For example, in order to increase our knowledge by earning a degree after graduating high school some eleven years ago, or seek progress through a difficult season in our lives, or move from one destination to another by vehicle, our battery must be charged to the fullest capacity. We have to be, and remain, positive—optimistic.

I'm a positive brother and I'll never pass up an opportunity to share how I made it through the difficult times. I can recall not having money and all I could afford was ramen noodles. You know, the ones you can buy five packs for a dollar. Add a hot dog, crackers, and, if you're lucky, some hot sauce, and you have a poor man's feast.

I can recall falling in love with a friend who was like a brother to me, and then after moving in together, as in the true words of Ms. Jill Scott, "You kissed my cheek, moved in, you confused things," he started beating me like Ike did Tina.

There was even the time when I woke up at 3:45 a.m. to find my ex-lover having sex on our couch with a stranger he picked up at a bar in Greenwich Village. Never the less, I still believe in people and the powers each one of us possesses to change things for the better. Regardless of how difficult the puzzle looks when it's handed to us, the only way to see the end result is to be patient, till it's all worked out.

I was raised in the church and taught to believe that weeping will endure for a night, but joy will come in the morning. If I live my life the ways God wants me to, or surrender my will to His, there will be a positive outcome.

Willie Jolley writes about being optimistic, and one of the examples he shares goes like this, "I'm so optimistic that I am going fishing for Moby Dick in a rowboat, and I'm taking the tartar sauce with me." That brings me to my next point. As I stated earlier, I'm positive. HIV positive, that is.

I've been positive for four years, and I say it without hesitation. I say it with pride because the day I heard a negative voice say to me, "Just like you can walk out the front door of your fourth floor apartment, you can walk out the window and end the embarrassment, pain, and shame," I walked over to the window, pulled back the curtain, reached down to unlock the window, but instead, my hand grabbed my Bible and I started to read about the boys in the fiery furnace.

They were not changed in their appearance; the smell of smoke was not even present when they came out. In the time of difficulty they did not let their situation change them nor their faith, and because of that God stepped in, right in the middle of the fire, and walked around so that the men looking in had to proclaim that God delivered them out of their adversity.

Before being diagnosed HIV positive, I was a man with a positive attitude. I felt that I had so much to see and do in this world that I never thought that I could acquire a virus that some days slows me down but never slows my positive outlook. You know, that energy that says, "Get your behind up go to work, pay your bills, fall in love with the man of your dreams, laugh, cry, run, scream, and shout because today you are ALIVE."

In the medical field, a diagnosis of positive means the presence of a particular disease. Just because the virus has been detected in my blood cells doesn't mean that I'm positively going to die. I'm positive that I'm going to remain the same positive person I was before I stepped into my fiery furnace and not let HIV change my smile, my laugh, or my positive outlook on life. Now that the heat has been turned up, I've just got to be more careful. So to be or not to be positive is all in how you look at it.

A National Call To Action

September 2002

Twenty-one years have passed since the first case of AIDS was reported in the United States. Since then our nation has made significant progress in caring for and treating persons living with HIV and AIDS – both home and abroad. However, sometimes progress gets in the way of ultimate success. With the introduction of life-prolonging antiviral therapies has come mounting public complacency about the threat of HIV. The stigmas and discrimination associated with AIDS two decades ago still plague those living with the disease today. And America's system of HIV/AIDS care is a complex patchwork of programs and unpredictable financing mechanisms created to care for people dying of AIDS, not living with HIV.

For the first time in six years our nation experienced in 2001 an increase in AIDS-related deaths, and HIV infection is on the rise – especially among communities of color, women and youth. In fact, 50 percent of all new HIV infections occur in young people under the age of 25. And of the nearly one million persons estimated to be living in the United States with HIV, a third are not receiving HIV care and a quarter are unaware of their HIV status. It goes without saying, America and Americans can do more.

AIDS Actions calls on everyone living in the United States – community leaders, Members of Congress, business owners, immigrants, religious leaders, mayors, media, the President, labor, state legislators, educators and non-governmental organizations – to recommit themselves to the fight against HIV and AIDS until its over. Political, religious and social differences must be set aside while we collectively engage in a national strategy to end HIV infection in the United States, and build a stronger, more accessible system of care and quality of life for those already living with HIV and AIDS. The time is now for a National Call to Action.

until it's over

AIDS **ACTION**

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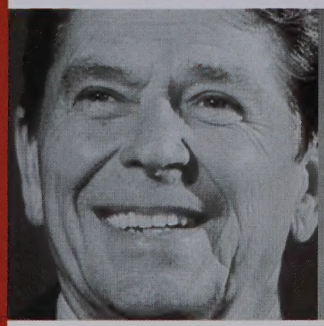
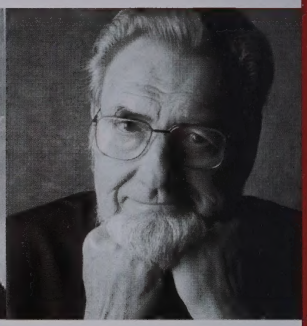
The images contained throughout this document represent individuals synonymous with the AIDS epidemic in the United States and should not be interpreted as endorsement of the National Call to Action.

Stigma and Discrimination





Community Call to Action

- Every American must commit to provide support and compassion to everyone affected, living with, or believed to be living with HIV or AIDS.

- Community, faith-based, labor, education and youth organizations must play a leadership role in educating everyone in America about HIV/AIDS.

- Every corporation and small business in America must pledge not to discriminate in the workplace against persons living with HIV or AIDS, but instead provide them with a work environment that offers support and resources including health care coverage.

State and Local Municipality Call to Action

- Governors, state legislators, county commissioners, mayors and other state and local officials must speak out against stigma, homophobia and other forms of HIV-related discrimination.

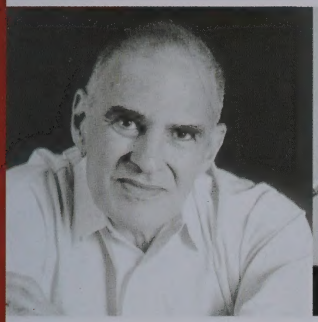
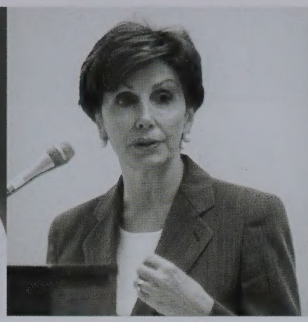
- To ensure all Americans feel comfortable seeking HIV testing, care and treatment, states must increase confidentiality protections and laws as HIV reporting and surveillance is implemented in all fifty states.

Federal Call to Action

- The President, other senior Administration officials and Members of Congress must speak out and condemn HIV-related discrimination and prejudice based on race, gender, ethnicity and sexual orientation that interfere with our fight against the HIV/AIDS epidemic.

- Congress and the Bush Administration must act swiftly to remove current and discriminatory immigration rules that prohibit those living with HIV and AIDS from entering the United States.

Access to Quality Care

Community Call to Action

- Every American must pledge to support their local community's HIV/AIDS services and programs through volunteering, contributing resources or participating in grassroots advocacy.

- Every physician, nurse practitioner, physician assistant and other health care provider must commit to enroll annually in continuing medical education on HIV/AIDS care and treatment.

- Community and migrant health centers must increase their commitment to providing comprehensive HIV/AIDS care, treatment and prevention services.

State and Local Municipality Call to Action

- States must provide the highest level of funding to support their respective state AIDS Drug Assistance Programs – thereby expanding access to life-prolonging AIDS drugs to low-income persons living with HIV/AIDS.

- Every state must work swiftly to expand Medicaid coverage to persons in the early stages of HIV/AIDS through the 1115 waiver process.

- States must implement statewide public awareness campaigns to educate persons living with HIV about federal and state-supported HIV/AIDS care and treatment programs, especially those targeting low-income persons.

Federal Call to Action

- The Bush Administration and Congress must enact administrative and legislative reforms that will give states the ability to expand Medicaid coverage to low-income persons in the earlier stages of HIV.

- Congress and the Bush Administration must strengthen systems of care and treatment capacity by expanding funding for the Ryan White CARE Act, the AIDS Drug Assistance Program (ADAP), the Minority HIV/AIDS Initiative, Substance Abuse and Mental Health Services' HIV/AIDS programs, and the Housing Opportunities for Persons with AIDS (HOPWA).

- The Bush Administration and Congress must work with the pharmaceutical industry to implement a strategy for lowering the cost of expensive HIV/AIDS drugs – especially as the number of low-income and uninsured persons infected with HIV/AIDS significantly increases.

HIV Prevention

Community Call to Action

- Every parent, caregiver and adult must commit to talking to young people about HIV/AIDS, the health benefits of remaining abstinent and science-based information about contraception.

- Community, faith-based, labor, education and youth organizations must play a significant role in empowering young people with information about protecting themselves from HIV/AIDS.

State and Local Municipality Call to Action

- State and local boards of education must ensure that science-driven HIV/AIDS prevention education takes place in every public and private school in the nation – removing content restrictions and other barriers to effective HIV/AIDS prevention messages.

- State legislatures and localities must increase funding that supports comprehensive HIV prevention and sexuality education programs.

- States must provide injection drug users (IDU) with access to sterile syringes through syringe exchange programs and/or repeal or modification of state laws and regulations that restrict the sale of syringes to IDUs.

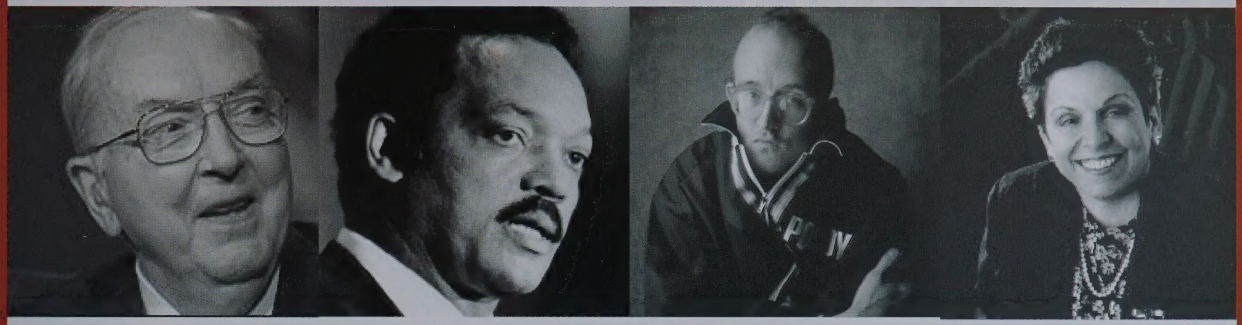
Federal Call to Action

- All federal HIV prevention and sexuality education programs will provide states and localities the flexibility to develop messages that promote abstinence, while also empowering young people with science-based information about contraceptives.

- Congress and the Administration will double funding for federally supported comprehensive HIV prevention and sexuality education programs in three years.

- The Administration must develop a well-coordinated and integrated National HIV/AIDS Prevention Strategy to reduce new infections to zero. All HIV/AIDS non-governmental organizations, federal advisory bodies and prevention scientists must be convened jointly to participate in the coordination, implementation and monitoring of the plan.

HIV Testing and Counseling



Community Call to Action

- Community, faith-based, labor and youth organizations must encourage community members, particularly populations at greatest risk, to get tested for HIV annually.

- Corporations and small businesses, in coordination with business and labor organizations, must implement HIV testing, counseling and prevention programs in the workplace.

State and Local Municipality Call to Action

- States must provide local and county public health departments with increased resources and infrastructure to expand access to HIV/AIDS testing and counseling – especially for populations at greatest risk.

- Every state must implement an aggressive outreach program that promotes HIV counseling, testing and referral at the local and county level – such programs must recognize cultural and demographic differences.

Federal Call to Action

- Swift action must be taken by the Food and Drug Administration to allow new technologies in rapid response HIV testing to be available, and a CLIA waiver must be issued that permits rapid response HIV tests to be administered in outreach settings.

- The Administration must fund and implement a national campaign promoting voluntary HIV counseling and testing, involving both national media and local partnerships.

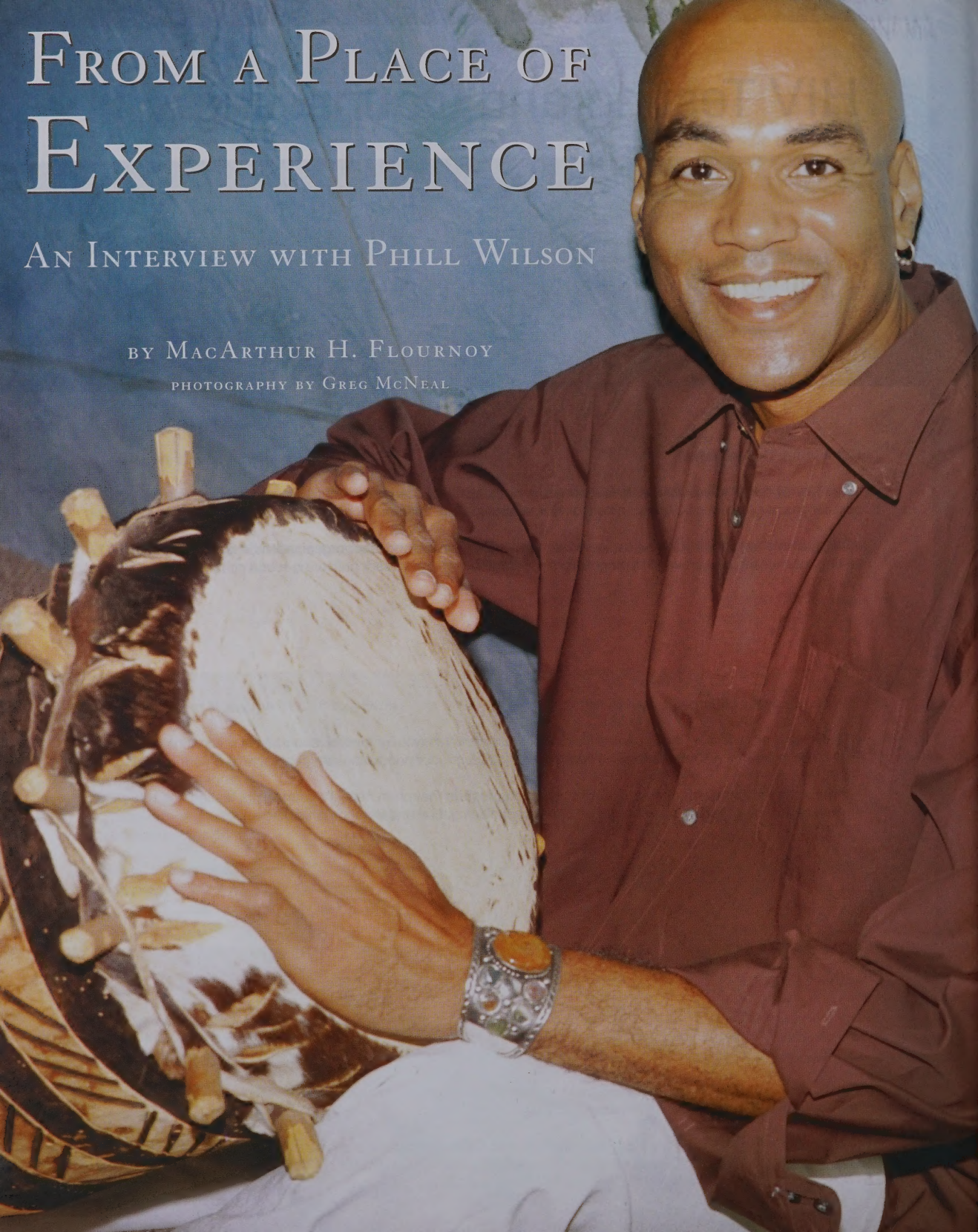
- The President, senior Administration officials and Members of Congress are encouraged to demonstrate their leadership, and the importance and ease of HIV testing by publicly getting tested.

From a Place of Experience

An Interview with Phill Wilson

by MacArthur H. Flournoy

photography by Greg McNeal



Since the beginning of time there have always been people that will watch the world go by and comment on its shortcoming and its social ills with dispassionate moralizing and "ain't it awful" disgust. Phill Wilson could never be counted among that group. The forty-six-year-old African-American AIDS activist has been engaged in HIV/AIDS work for nearly two decades. His work ethic rivals that of the most committed of AIDS activists.

Without a doubt, this eloquent and zealous advocate has personal motivation. In 1985, Wilson tested positive for HIV. In 1990, when his doctor announced that he met the Center for Disease Control and Prevention criteria for an AIDS diagnosis, his commitment to see change deepened.

What is also clear is that Wilson is not one you'll find wallowing in sorrow or self-pity. His body of work reads like a champion of the civil rights movement. To date Wilson has served on the president's AIDS Advisory Council, worked with the Congressional Black Caucus in securing resources for African-American gay and bisexual men (which resulted in a national initiative), testified before congress, and established numerous organizations. His efforts have called for national and global leadership in a field that is in dire need of stability, humility, and coalition building. His most recent creation is the nation's only think tank that specifically explores the impact of HIV/AIDS on the black community, the African American AIDS Prevention and Training Institute.

Since beginning his work with AIDS, Wilson has worked with the Los Angeles Gay & Lesbian Community Services Center, Stop AIDS Project, the Minority AIDS Project, co-founded the now defunct National Task Force on AIDS Prevention in San Francisco, and returned to Los Angeles to serve as the City AIDS Coordinator for five years. Thereafter Wilson joined AIDS Project Los Angeles as public policy director.

His vision for prevention, education, and treatment is broad enough to include concerns for Africa, Asia, and other developing areas. His life is full, with parenting responsibilities, administration of a full time agency, and work with international bodies in various parts of the world. Managing a long-term relationship with his partner of several years rounds out this busy life. In this interview, Phill Wilson shares his perspective on the history of AIDS in this country, our current standing, the utility of international conferences, and the prospective future of prevention, treatment, and advocacy. Wilson's words are delivered with precision, poignancy, and above all from a place of experience.

What was your impetus for founding the National Black Lesbian and Gay Leadership Forum (NBLGLF)?

The NBLGLF started as an HIV/AIDS outreach project. I see myself as an AIDS activist, not a gay activist. I was interested in starting the NBLGLF after attending the first AIDS conference to deal with AIDS in the black community and people-of-color communities. It was sponsored by public service and held in Atlanta in 1986.

Knowing that black gay men were disproportionately impacted, we believed that the issue would come up. Previously, the issue of race had not been raised. What struck me was that they were talking about people of color, but they nearly ignored gay and bisexual men altogether. Everybody was perfectly comfortable seeing us die.

The only way we were going to be able to save our lives was that we were going to have to do it ourselves.

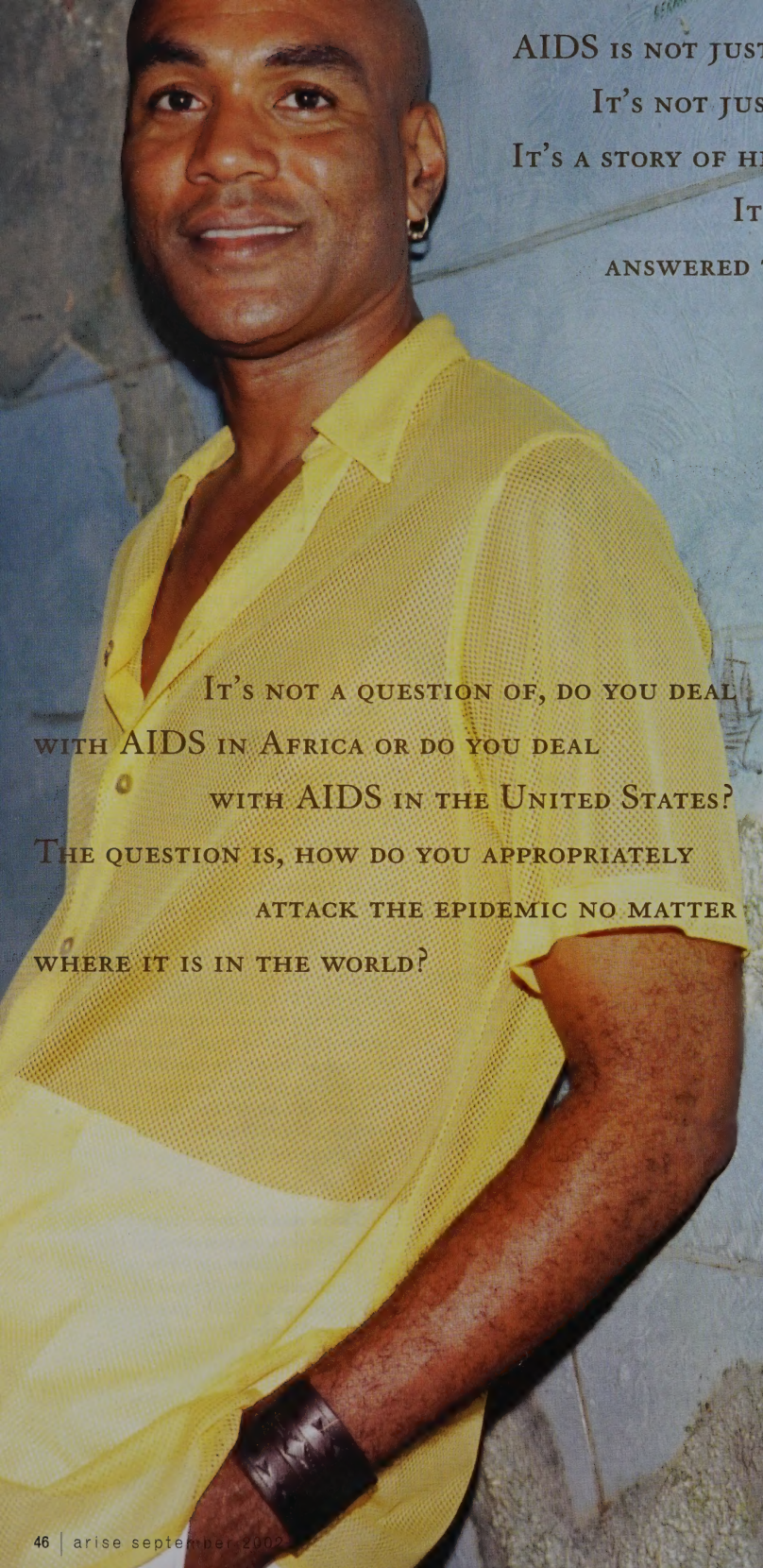
What was your impression of the XIV International AIDS Conference?

These meetings raise a lot of questions for me. Are they worth the expense? I think it's worth it to ask the question. I think we are currently at a critical juncture relative to the trajectory of the AIDS pandemic, particularly as it relates to people of color and people in the developing world.

That's one of the questions that I think was pressing in Barcelona. In various ways we were able to demonstrate at the Durban conference that it is possible to provide HIV treatment in poor settings. The question is not, can it be done? The question is, will it be done? Will we provide the resources to make it happen? Will we develop the systems and the infrastructure to make it happen? Do we have the moral and political commitment?

There was an undercurrent at the conference questioning the value of foreign aid to developing nations by the United States. In some cases black, gay, and Latino men made these comments. Did you hear these comments?

Absolutely, there are not mutually exclusively efforts. It is absolutely appropriate for the



AIDS IS NOT JUST A STORY OF DOOM AND GLOOM. IT'S NOT JUST A STORY OF DEATH AND DYING. IT'S A STORY OF HEROISM. IT'S A STORY OF PEOPLE WHO HAVE ANSWERED THE CALL OVER AND OVER AGAIN.

IT'S NOT A QUESTION OF, DO YOU DEAL WITH AIDS IN AFRICA OR DO YOU DEAL WITH AIDS IN THE UNITED STATES? THE QUESTION IS, HOW DO YOU APPROPRIATELY ATTACK THE EPIDEMIC NO MATTER WHERE IT IS IN THE WORLD?

U.S. to play its role in the global pandemic. I also think it is essential that we do not lose sight of the unfinished business of HIV/AIDS regarding black and Latino men who have sex with men. Tragically, one of the things that has "plagued" us is that our attempts have been disjointed and too simplistic. And this is one of those examples. It's not a question of, do you deal with AIDS in Africa or do you deal with AIDS in the United States? The issue is how do you appropriately attack the epidemic no mater where it is in the world? The question is not whether or not we do prevention in the developing world or whether we focus on treatment. The real question is, how do we develop the resources and the capacity to deal with treatment and prevention because they are inextricably connected?

Have men of color who have sex with men grown apathetic in the practice of risk reduction?

I think there is a degree of apathy—or there is a lack of urgency, the kind of urgency that this disease demands. Certainly in the LGBT and SGL community.

I was on a plane a couple of weeks ago. The person sitting next to me asked me what I do for a living, and I told him. His response was that at least we have solved the problem in the United States. He said, "The only time I hear about AIDS is in Africa." I am absolutely mortified by that kind of statement because we haven't solved the problem of AIDS in this country. In fact I had a friend die from AIDS last week. We are still dying from AIDS in this country at an alarming rate, particularly as it relates to men of color who have sex with other men.

In your estimation, where are we in the Untied states with our prevention efforts?

We are still at a point where we have to reinvigorate and redesign our prevention efforts where they reflect the current paradigms. Some of our prevention efforts are stuck in perceptions of HIV/AIDS that are no longer relevant. We need to develop programs that

are culturally rooted in black communities. We don't have enough of that. Our prevention programs need to focus on the various structures and institutions where we live, work, and play so that it becomes integrated in the fabric of our lives.

You are the founder of the African American AIDS policy and Training Institute. What is its mission?

AAAPTI is the only HIV/AIDS think tank in the country. Our mission is to reduce the HIV/AIDS health disparities between African Americans and other groups by engaging black institutions, black organizations, and black folks in efforts to combat HIV/AIDS in a black context. I think we are making progress. We are now in the third decade of this epidemic. It has taken a while to get to this place. The challenge is that we need short-term gains, mid-range gains, and long-term gains. We need to plan for folks who are going to need information and services. We need to make a commitment to ending the pandemic altogether.

Do you have a sense of how many people you have lost to the virus?

Phill Wilson: In the days before we had electronic phone books, I used to carry all of my friends' contact information in an address book. Back then I would put a star by the name of a friend who had died from AIDS. I remember the very first person that died from AIDS in 1981. By the time I has closed that telephone book there were literally hundreds of friends who had died from AIDS, including my lover Chris Brownley. He died in 1989. It's certainly the issue that has framed my life.

You have parented two nephews as your sons. How has that impacted your life?

I'm in a new phase of that journey now. I raised my two nephews and they have been in my custody for five years. They have both graduated from high school. The oldest one is in college. The youngest one will be starting college in the fall. In fact, I'll be moving him into his apartment next week. I am now facing the empty nest syndrome. I'm not looking forward to that new phase of my life. But they have certainly framed everything I have done for the last five years. They have been instrumental in how I view AIDS work, the epidemic, and my work. They provided balance in a way that I didn't have before. Parenting is no job for sissies. (Laughter) You have to have courage to be a parent. It is, without a doubt, the most important thing I have ever done.

Do you have intimate love in your life at this time?

I have been in long-term relationship for a while. We are actually looking forward to this next phase of our relationship. Family is important to me. I'm a nester. Being in a relationship is important.

You literally travel thousands of miles each month from coast to coast at a pace that can only be described as frenetic and tireless. What accounts for your drive?

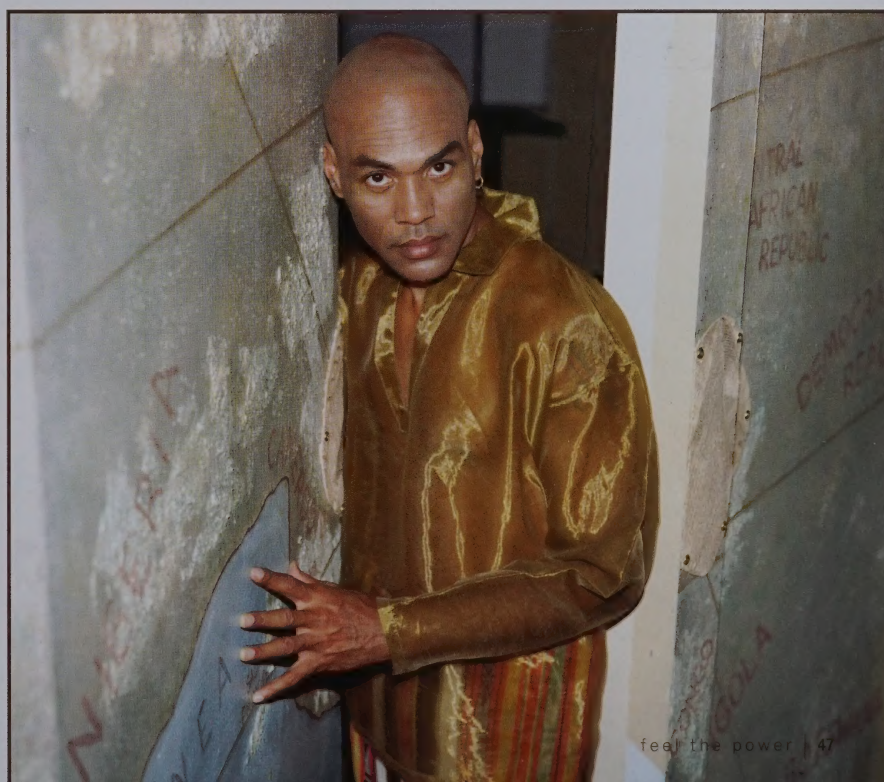
It is connected to my own mortality. I am committed to doing my part. I don't know that I alone can end this epidemic, but I can do my part. I don't necessarily know what my part is or the magnitude of my part. The price of the ticket for my humanity is to be able to say that at the end of the day, I did everything I could to do my part. You have to do everything you can to make a difference. That's what keeps me going. I do the AIDS work because, for whatever reason, God has given me gifts of whatever sort.

Given all that you've seen in more than two decades of this pandemic, are you hopeful?

Of course I have hope. You've got to have faith. I am so blessed. How could I not have hope? There are people who have approached me with tears in their eyes about what has happened to me, and certainly I would love to live to be ninety. And I might, the jury is still out on that. But even if that doesn't happen, I've been blessed from birth. I have a family that loved me my entire life in all of its configurations.

There's no tax for their love. I have had the support of family and friends. I've been able to do work that I feel passionate about and committed to. I get more than my share of recognition for my contribution. At the end of the day, I get to feel like I made a difference. It doesn't get any better than that. I certainly have hope, and it would be disrespectful to feel anything else. I also have hope about our likelihood to end this pandemic in all of its manifestations; to end the epidemic as it exists in African-American communities. I have seen things change for the better.

AIDS is not just a story of doom and gloom. It's not just a story of death and dying. It's a story of heroism. It's a story of people who have answered the call over and over again.



It's a fight, although I didn't chose it, and although I wouldn't be unhappy if it did not have to be done, it is a fight that I am very proud to be a small part of.

What is your charge to the black LGBT/SGL community?

All of us spend a lot of time analyzing what others folks are and are not doing. We talk about what the white gay community is or is not doing. We talk about what the government or the president is or is not doing. We talk about what straight people are or are not doing. I think those discussions are important and appropriate. I also think it's appropriate that we adjust the balance. I would like for us to increase the volume of what are we doing.
Are we in fact doing everything that we can do as black people, as lesbians, as people living with AIDS? The first step in the journey to save our lives has to be taken by us. Anyone who has heard me speak has heard me quote Calvin Rolard. He says, "The only one that can save us from us is us." This epidemic is not going to be over in black communities unless and until we develop the capacity, the infrastructure, and the commitment to end this epidemic. The motto for the African American AIDS Policy and Training Institute is "Our people, our problem, our solution."
At the end of the day, no matter what the government does, no matter what the larger community does, no matter what the outsiders do, this is an epidemic that is about our people and the solutions must come from us.

THIS EPIDEMIC IS NOT GOING TO BE OVER IN BLACK COMMUNITIES UNLESS AND UNTIL WE DEVELOP THE CAPACITY, THE INFRASTRUCTURE, AND THE COMMITMENT TO END THIS EPIDEMIC.... AT THE END OF THE DAY, NO MATTER WHAT THE GOVERNMENT DOES, NO MATTER WHAT THE LARGER COMMUNITY DOES, NO MATTER WHAT OUTSIDERS DO, THIS IS AN EPIDEMIC THAT IS ABOUT OUR PEOPLE AND THE SOLUTIONS MUST COME FROM US.

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Hotline: 1-800-AIDS-NYC ▪ TTY: 212/645-7470
www.gmhc.org**

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AUTUMN HEAT

photographer Noel Spirandelli

Giant Aloe (headshot) ... Derek
Danielle Alessandrini Jean Jacket, available at Smith Williams, San Francisco, CA.
Deborah Lozier enamel on copper necklace, available at Velvet da Vinci.

Giant Aloe (full length) ... Derek

Sheep shearling coat by Gucci.
Deborah Lozier enamel on copper necklace, available at Velvet da Vinci.
Danielle Alessandrini Jean Jacket, available at Smith Williams, San Francisco, CA.
Flat front sand twill pants by Smith Williams, San Francisco, CA.
Belt by Hollywood Trading Company.
Blue triple-stitched wing-tipped boot by Botti 1913 at Smith Williams, San Francisco, CA.

Galya Dress ... Erica

Dress by Galya, San Francisco, CA.
Antique Chinese woven coral beads w/22k Indian beads by de Vera.
22k Indian beads w/black glass beads by de Vera.
June Schwartz cuff bracelet, available at de Vera.
Vintage tan suede single strap pumps w/ gold leather trim at Verunica, San Francisco, CA.

Door ... Derek and Lonnie

Derek:

Pure lambswool window pane plaid sport jacket by Trussini, available at Billy Blue.
Fire cotton corduroy Hartford casual layer, available at Billy Blue.
Silk tie by Billy Blue.
Avocado green corduroy pants by Billy Blue.
Paolo da Ponte braided belt, available at Billy Blue.

Lonnie:

Tan 100% wool Sheppard check sport jacket by Billy Blue.
Green check cotton dress shirt by Ted Baker, available at Wilkes Bashford.
Striped silk tie by Billy Blue.
Persimmon corduroy pants by Billy Blue.
Paolo da Ponte belt, available at Billy Blue.

Her Door ... Erica

Luciano Barbera cotton and cashmere blend corduroy blazer, available at Wilkes Bashford.
Ivory silk chiffon blouse with black beads by Alberta Ferretti, available at The Bar.
Philosophy plaid bias skirt, available at The Bar.
Black straw hat by Lily Fighera, available at The Bar.
Black embossed stiletto knee high boots by Paolo.

Lemon Tree ... Lonnie

Laine Merino Wool Cardigan by Louis Vuitton.
Persimmon cashmere turtleneck sweater by Brunello Cucinell, available at Wilkes Bashford.
Jeans by Louis Vuitton.
Paula Frazer hardwoven mohair wrap, available at Verunica, San Francisco, CA.

Smoking Jacket ... Derek
Silk paisley brocade robe by Brenda Kett, available at Wilkes Bashford.
Black nat stretch wool pants by Billy Blue.
Gold paisley silk ascot by Billy Blue.

Lemon Tree from the inside ... Erica and Derek

Erica:

Shear viscose/rayon button up tunic by Ghost, available at The Bar.
Textured silk organza blouse by Deborah Hampton.
Pleated silk ruffle skirt by Jiwon Park, available at The Bar.
Red ostrich-embossed pony hair square toe boots by Paolo.
Wool, steel, sterling silver pendant by Christina Miller, available at Velvet di Vinci, San Francisco, CA.

Derek:

Black 2-button nat stretch wool suit by Billy Blue.
Wine viscose dress shirt by Smith Williams.
Helmut Lang classic men's dress shoes, available at Gimme Shoes.

Fashion Editor: John Mortimer
Photographer: Noel Spirandelli
Stylist: Huy K. Tran for Artist Untied
Hair: Alex for Dipietro - Todd Salon
Makeup: Adam Hood
Fashion Assistants: Christina Lacson and David Bentley
Models: Derek, Erica, Lonnie for STARS Agency

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HUMAN RIGHTS CAMPAIGN

Photos by: Judy G. Rolfe, David Hathcox and B. Proud.

Los Angeles County Contributes Vital HIV/AIDS Prevention Support to the African-American Community

OAPP Faces up to Challenge of Reaching Groups Most Affected by HIV/AIDS

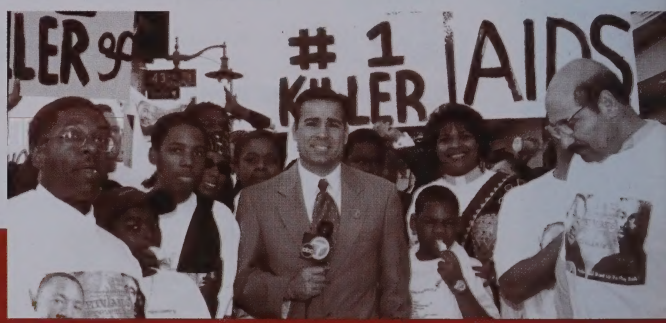
Los Angeles County remains the second-most HIV/AIDS impacted metropolitan area in the United States, with more AIDS cases than any city except New York. While African Americans make up just ten percent of the Los Angeles County population, they account for twenty-five percent of all AIDS cases reported in 2000.

Photo Credit: Los Angles County Office of AIDS

With the disproportionate increases affecting African Americans, the Los Angeles County Office of AIDS Programs and Policy (OAPP) has expanded its HIV/AIDS prevention efforts to new levels of community and government partnerships. Specifically, a major part of OAPP's success has been to work closely with community based organizations, including neighborhood clinics, faith based organizations, and political advocacy groups. Together, they work to increase access to HIV/AIDS information, care, and support programs for those who need them most.

For example, on February 7, 2002, OAPP collaborated with the Minority AIDS Project, Unity Fellowship Church, and the County of Los Angeles Second Supervisorial District HIV/AIDS Community Coalition to observe National Black HIV/AIDS Awareness Day. This year marked the nation's second annual observance and effort to emphasize the HIV/AIDS state of emergency among African Americans. Charles L. Henry, director of the L.A. County's OAPP, participated in the community rally in Los Angeles's historic Leimert Park. "I am glad this is the *second* National Black HIV/AIDS Awareness Day. But sad that it has been twenty years since the beginning of the epidemic, and there is still a lot to do to stop the spread of HIV," he said, encouraging serious concern by the African-American community in Los Angeles.

The rally included a "human billboard" of over two hundred participants demonstrating posters with HIV prevention messages to ongoing traffic along Crenshaw Boulevard. A call-to-action drumming ceremony with traditional African ceremonial prayers was also a part of the rally.



In March of this year, OAPP launched its new "Loving Responsibly Prevents HIV" advertising campaign challenging individuals, as well as families, community, and government, to do their part to stop the spread of HIV/AIDS. This campaign, unlike any other, speaks directly to families and communities of color in asking them to be a part of the solution to control the local epidemic.

"This campaign is intended to help families and communities grasp the reality that HIV and AIDS are real, local problems and that the responsibility to stop new HIV infections falls on each of us," says Jonathan E. Fielding, M.D., M.P.H., director of Public Health for Los Angeles County. "We have learned too much about HIV/AIDS to let it wipe out another generation."

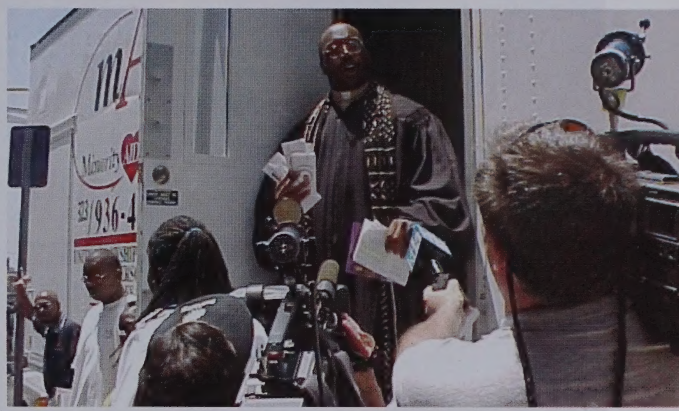
In Los Angeles, about one-half of African-American women with AIDS report that they were infected through unprotected sex with an infected man. This brings to light the issue of men who are secretive about their bisexual activities. Homophobia by the community continues to be a concern that prevents access to HIV/AIDS counseling and treatment. To address this message delivery problem, the "Loving Responsibly Prevents HIV" campaign presents messages with universal themes that apply to all genders, sexual preferences, and age groups.

Knowing *your* HIV status
and his
HIV affects everyone.
You should know how it affects you.
Prevent-HIV.com
Loving
RESPONSIBLY
prevents HIV
1-800-367-AIDS
FREE COUNSELING & TESTING
Funded by the U.S. Centers for Disease Control and Prevention and the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy

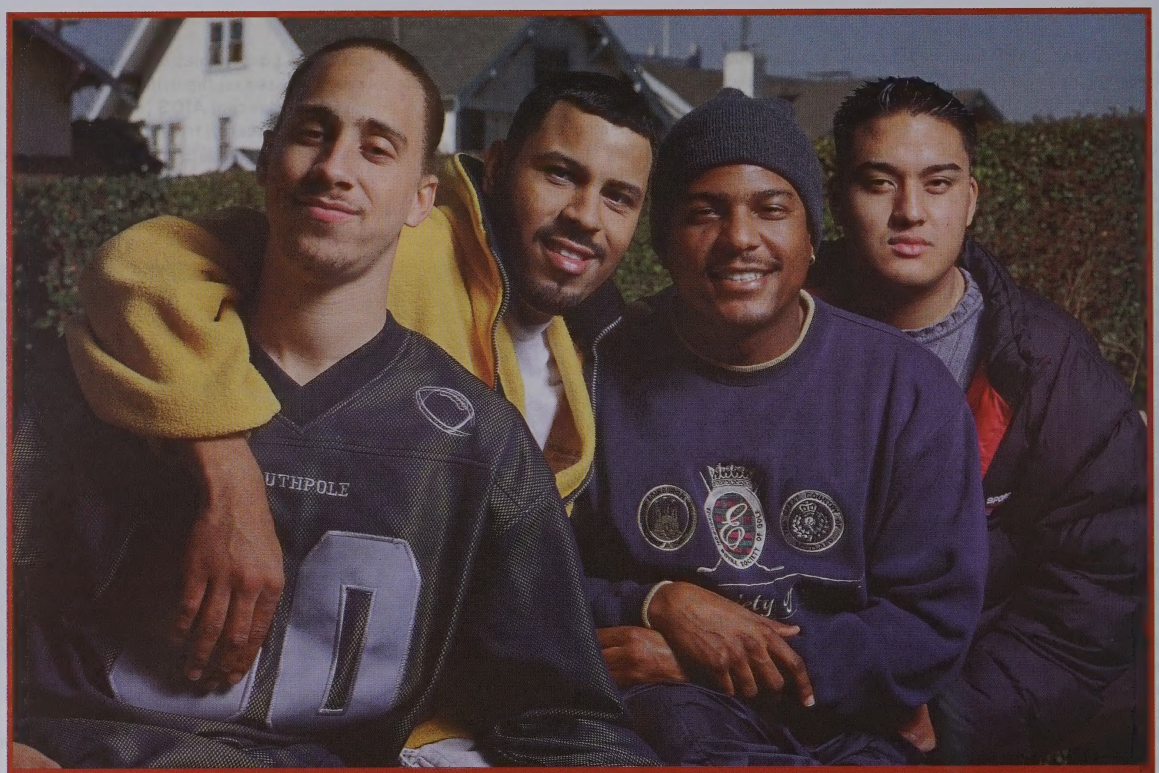
Recently, for National HIV Counseling and Testing Day in June, OAPP endorsed Unity Fellowship Church's observance of bringing the issue of HIV/AIDS prevention into the African-American church. The clergy from U.F.C. encouraged their five hundred members plus congregation and community to increase their awareness of HIV, evaluate their personal risk for HIV infection, be tested as appropriate, and re-commit themselves to preventing the spread of HIV. They also asked their congregation to provide support for those living with HIV to seek medical and other services to promote health and prolong life.

Immediately following the church service, the entire clergy emphasized the simplicity of taking an HIV test by leading the congregation to taking an oral HIV test in a mobile testing van stationed just outside the church. "It is clear that spirituality plays an important role in our lives. We feel it is the responsibility of government, social organizations, schools, family, *and* the church to teach about the importance of HIV prevention, testing, and treatment," explained Rev. Alfreda Lanoix. "Our approach is one that encourages the need to heal, touch, and give people warmth and hope without judging them," she added.

The HIV/AIDS cases in Los Angeles County are rising among low-income communities of color and increasingly evident in the African-American community. OAPP continues its fair share method for allocating funds for HIV/AIDS services to community-based organizations in Los Angeles County. The formula, which is based on the living AIDS cases, poverty, and recent AIDS (cases reported in the last two years), tries to assure that funding parallels cases by allocating resources to areas of most need, which are increasingly communities of color.



For more information on Los Angeles County's HIV/AIDS programs and services, please visit *http://www.LAPublicHealth.org/AIDS,* or for information on L.A. County's current campaign, visit *http://www.Prevent-HIV.com.*



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While there's still no cure, free HIV/AIDS treatment is available

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You can take care of your body by making responsible choices.

Loving RESPONSIBLY prevents HIV

1-800-367-AIDS

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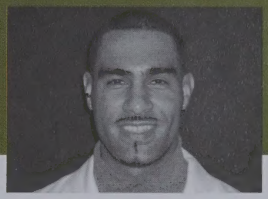
Funded by the State of California, Department of Health Services, Office of AIDS and the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy

DEPRESSION AND MENTAL HEALTH



by David Malebranche, M.D., M.P.H.

While in San Francisco this summer, away from family, friends and my usual support systems, I watched a lot of TV in my spare time. I witnessed bigoted commentary as the Williams sisters dismantled the Wimbledon competition; unjustified racist cops beat another young brother on videotape; MTV's *The Real World* present another brother as an angry, intimidating menace; and the general media acting like the world was ending as another young white girl went missing.

After a couple weeks, I noticed an interesting change in myself. I began to just exist—I went to work, came home, ate fast food, stopped exercising, went to bed early, and slept late. Headaches came more frequently, and as I talked about all this with a good friend, he asked me if I was depressed. It didn't take me long to answer him. I was.

Depression is estimated to affect approximately eighteen million Americans a year. The nation loses about forty-three billion dollars a year due to missed work days and decreased labor as a result of depressive illness. Symptoms commonly found in depression are the following:

- depressed mood
- loss of interest or pleasure in usual activities
- fatigue
- weight gain or weight loss
- change in sleep patterns
- problems with concentration
- sexual problems (impotence or trouble getting aroused)
- impaired memory
- suicidal thoughts

In clinically-defined "major depression," you must have a certain number of the above symptoms for at least two weeks. But the reality is, many of us suffer from these symptoms regularly, at differing levels of severity, but we convince ourselves that it is nothing.

As black men, we have plenty of good reasons to become depressed in this country: racial oppression in school, work, and stores; discrimination from police, our families, our friends; and even our own internalized sense of self hatred. Many of have been victims of physical and sexual abuse in our families, we suffer from various forms of addiction, and we are disproportionately represented in just about every health category "disparity" known to man. We see visions of ourselves in the media that are gross distortions and misrepresentations of our true selves. When you put all this stress on top of the general life stressors of employment, money problems, love issues, and just the pressure of fulfilling expectations of us as "men," you have a recipe for developing low self-esteem and possibly depressive symptoms. And for those of us who identify as same gender-loving or have homosexual desires, condemnation from our family, community, and churches doesn't make us feel any better about ourselves. It's no wonder with all this that the CDC reports that from 1980 to 1996, suicide rates increased the most among young black males. Just like HIV, this ain't a "white" thang anymore.

The good news is, depressive symptoms can be detected early, and steps can be taken to address the issues:

1. Know yourself. Recognize when stresses are building up and you feel displaced or overwhelmed from your usual routine or flow.
2. Communicate. Examine the roots of these stresses, then

reach out and talk to friends, family members, or loved ones. Keeping problems bottled in can physically manifest as headaches, stomach pain, backache, and fatigue.
3. Get support. Surround yourself with supportive, nurturing, familiar environments and people that are culturally affirming to your spirit.
4. Seek professional help. Sometimes an objective opinion is good, especially if you have friends who just agree with you. Seeing a counselor, social worker, psychologist, or psychiatrist doesn't mean you're "crazy," contrary to black mythology. It means you are strong enough to admit when you need help.

Once you take the steps above, you may need to take further steps to help yourself. The following are some existing treatments for depression:

1. Psychotherapy – individual, group, couple, or family, depending on the situation. Consult with a licensed counselor or trained therapist.
2. Medications – Prozac, Zoloft, Wellbutrin, Serzone, and Remeron are some of the current prescription medications available. All work to restore balance to chemicals in your brain thought to cause depression. Medications may take up to one month to start to work, and some have side effects, the most concerning being decreased sexual desire and inability to orgasm.
3. Herbal supplements – although not proven to be any better than placebo (a sugar pill) in clinical trials, herbs such as St. John's Wort and Ginkgo Biloba are used by many to relieve depressive symptoms.
4. Exercise
5. Relaxation
6. Meditation
7. Accupuncture
8. Yoga
9. Reflexology – treatment of foot tension to treat tension in other parts of the body

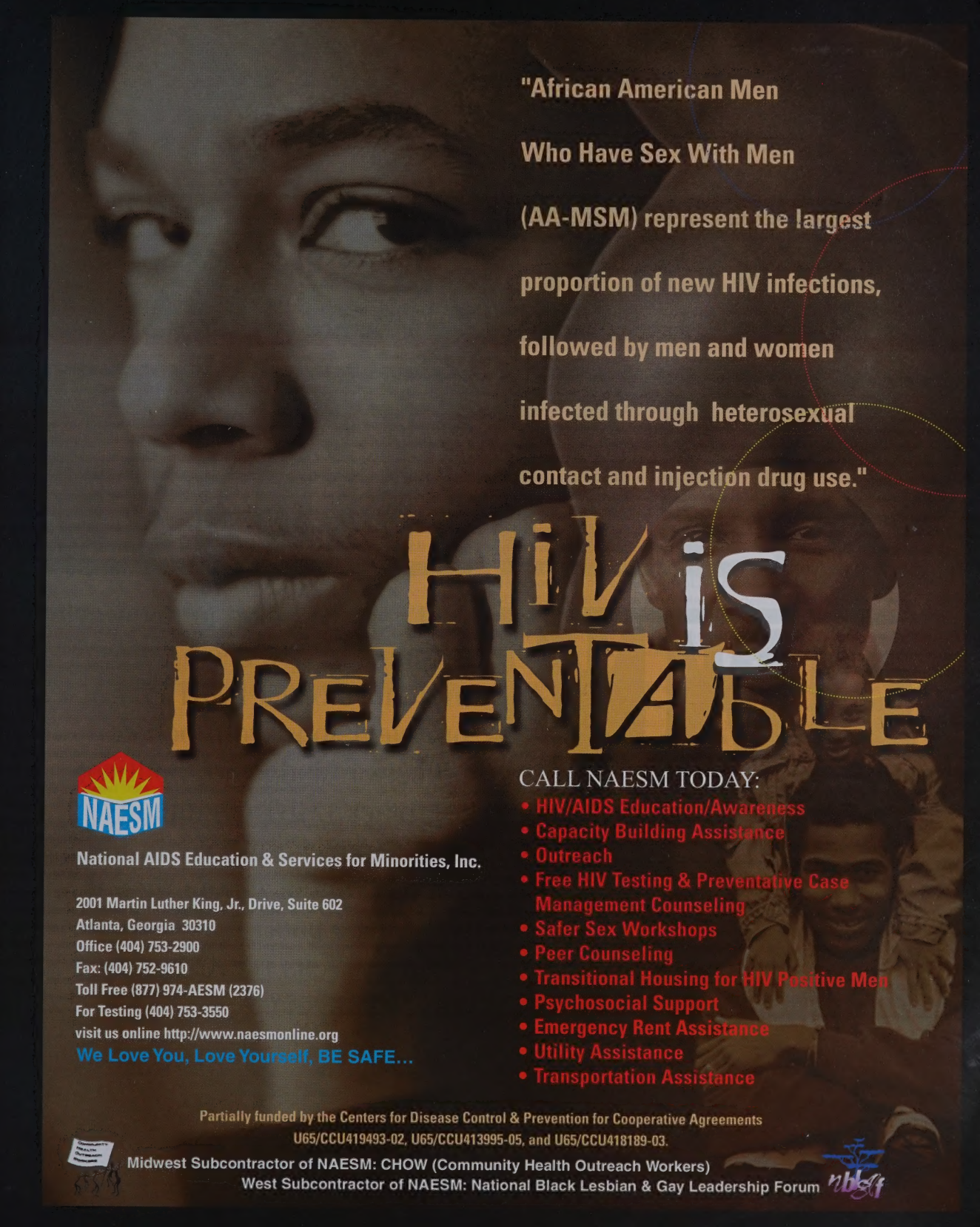
These are just a few options that are available for restoring balance to your mood and function when you are feeling depressed. As always, try to embrace solutions that will not foster codependence on other people, pills, or substances. Medication can help many, but is often only a transient solution to the underlying problem. If we don't address the social forces that influence our mental health as black men, many treatments will merely be numbing agents to coat over our pain, similar to how we use alcohol, drugs, or sex.

For more resources on depression, and for help if you or someone you know is considering suicide, contact:

- **WebMD**
  www.webmd.com
- **Depression and Related Affective Disorders Association**
  (410) 955-4647
  www.drada.org
- **Center for Mental Health Services (CMHS) Knowledge Exchange Network (KEN)**
  (800) 789-2647
  www.mentalhealth.org
- **American Foundation for Suicide Prevention**
  www.afsp.org
- **National Institute of Mental Health (NIMH)**
  www.nimh.nih.gov

I met a young brother in Oakland who was more honest and open with his struggles with depression than anyone I had ever met. It was refreshing to see another black man who was unafraid to acknowledge his issues publicly and take steps to address them, rather than hide behind the escapist avenues of alcohol, drugs, sex, and overblown religious doctrine as many of us (including myself) have done in the past. He was an inspiration to me during my stay in the Bay Area, and was a main reason why my mood lifted over the course of the summer.

Brothers, we cannot and do not have to be the strong ones all the time. We endure undue stress every day under which most folks would either crumble or wither away. When you notice that you haven't been yourself physically or psychologically, put your pride aside and admit that the stress may be too much to handle for you at that moment. It won't punk you out or make you weak—in fact, you will empower yourself in your admission that you are human. Then you can move forward to reach your full potential.


"African American Men
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followed by men and women
infected through heterosexual
contact and injection drug use."
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Fax: (404) 752-9610
Toll Free (877) 974-AESM (2376)
For Testing (404) 753-3550
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Midwest Subcontractor of NAESM: CHOW (Community Health Outreach Workers)
West Subcontractor of NAESM: National Black Lesbian & Gay Leadership Forum
nblgf

glaad

where am I on BET?

by Loren R. Javier

As I've mentioned in my previous columns, we're seeing more and more black LGBT characters on television. From police officers to judges to politicos, the black LGBT community has stronger representation in entertainment media than it has in the past. Where there has been less representation is in news media.

Sometimes the only place stories about the black LGBT community in news media occur is during the discussion of HIV/AIDS. Certainly, it makes sense that this discussion would include the LGBT community, especially given the recent report at the XIV International AIDS Conference in Barcelona, Spain, that found a staggeringly high number of gay men of color are not aware they are HIV positive. Outside of that, there's little coverage of other issues affecting the black LGBT community.

While this might not be so surprising in terms of mainstream media, isn't it disappointing that the inclusion of LGBT people on Black Entertainment Television (BET) has been less than stellar?

First launched in 1980, BET established itself as a leader for news and information specifically affecting the African-American community. Unfortunately, the network has only given a handful of opportunities for talking about the lesbian and gay community.

This is not to say that the network has not been inclusive of the LGBT community at all or that it has done a bad job in coverage. It's just that, like mainstream media, the vast majority of times in which the community has been visible have been when addressing issues of HIV/AIDS. BET has aired several specials aimed at men, women, and youth that were inclusive of LGBT issues. In fact, just recently, it worked with MTV on a public service announcement campaign designed to outreach to gay men of color about HIV/AIDS. This has been an incredibly important step for the network to educate in a language that can be understood and appreciated. At the same time, this connection only perpetuates the myth that "gay" and "AIDS" are the same.

Coverage has also often been around men who have sex with men, but don't identify as either gay or bisexual (MSM), and the Down Low phenomenon. While an important story to cover, it does not give BET's viewers a sense of the black LGBT community on the whole.

There is a multitude of issues affecting the black LGBT community that could and should be covered by BET. The National Gay and Lesbian Task Force's recent *Say It Loud, I'm Black and I'm Proud: Black Pride Survey 2000,* perhaps the most comprehensive research project on the black LGBT community out there, shows that the issues extend well beyond HIV/AIDS. The report notes, "The Black GLBT community has much in common with the overall Black community, and shares many common concerns with GLBT people of other races. But, Black GLBT people also have particular experiences and concerns." Hate crimes, job discrimination, and isolation from church and religion and family structure are all issues the report cites. Wouldn't it be great to see these issues covered in depth on BET?

GLAAD is currently working to open new doors with BET, the largest network representing the black community. If you would like to help us monitor BET, please contact me by e-mail at *javier@glaad.org.* Also, we encourage you to write BET, thank them for their coverage of the community around HIV/AIDS issues and urge them to tell our stories beyond this issue. You can write them at:

Black Entertainment Television
One BET Plaza
1235 W Street NE
Washington, DC 20018-1211
Phone: 202.608.2000

COVERING MEN ON THE DL?

BY AKILAH MONIFA

Many publications—from Essence to Ebony, USA Today, Newsweek, and the New York Times—have written sensationalistic stories about men on the "DL/Down Low." The term is used to define some men who have sex with other men but don't identify as gay or bisexual. The 27th Annual National Association of Black Journalists (NABJ) Convention and career fair, held in Milwaukee, Wisconsin, July 31 through August 4, included a workshop to discuss how the phenomenon has been covered and how the journalists would like to see the issue covered in the future. The workshop consisted of four panelists (Phill Wilson, Denise Hollinshed, James Earl Hardy, and Steve Gray), all who had written on the issue of men on the DL. There was universal agreement that the current coverage is sensationalistic and simplistic and also does nothing to decrease the rise of HIV/AIDS or to stop the stigma of homophobia.

Phill Wilson, ARISE contributor, viewed the coverage through his HIV/AIDS activist lens. He sees the current coverage as both homophobic and demonizing of black men and disrespectful toward black women. Another panelist, Steve Gray of the *Washington Post,* also saw the coverage as lacking context and being too complex for a fifteen hundred-word article. Denise Hollinshed of the *St. Louis Post-Dispatch* added that many black women are ignorant about HIV/AIDS and fail to ask sexual partners their HIV status or require safer sex until the results of the HIV tests are available. Novelist James Earl Hardy added that we must move beyond the "sistah watch out" coverage and stop forcing people of all genders on the DL further into the closet.

IT IS SEXUAL ACTIVITY THAT IS THE RISK, NOT THE SEXUAL IDENTITY OR ORIENTATION OF THE PERSON WHO HAS THE HIV VIRUS.

It is clear that the workshop was a beginning conversation, and that conversation must continue and be informed. Be safe, but also inquire about the HIV status of your sexual partner and get tested multiple times. Recent studies reveal that most people who are HIV positive are unaware of their status. But it is sexual activity that is the risk, not the sexual identity or orientation of the person who has the HIV virus. Write letters to the editor and complain about coverage that does nothing to further our education, protect people, or help stop the transmission of HIV.

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2001 National Life Award Recipient
for Providing Community HIV Antibody Testing

Free HIV Antibody Testing
No Blood, No Needles!!!

Our Common Welfare (OCW) has provided an array of specialized services to our community since 1988. A 2001 National Life Award recipient, OCW is highly qualified to assist you.

We offer free, confidential, noninvasive HIV antibody testing with results in 3 days.

Our counseling staff will help you to identify your risks and prepare you to recieve results. If you know someone who may be at risk, please bring him or her along.

Walk-in or by Appointment

Our Common Welfare, Inc.
Counceling & Testing Office
4329 Memorial Drive, Suite H
Decatur, Georgia 30032

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Hours:
Mon. - Fri: 9.00 am - 7.00 pm
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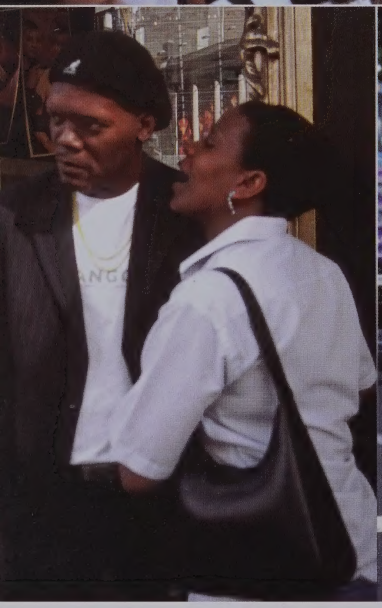
Like most metropolitan blueprints, Manhattan's districts are defined by a grid system of avenues that span its breadth and length. The mention of Fifth, Madison, and Park Avenues invokes symbols of opulence; 7th Avenue is synonymous with the fashion industry; 8th Avenue is where a hard-knock life once lived; and Broadway is home to the city's premier stages. The corridors that sashay from east to west—Canal, 8th, 14th, 34th, and 57th Streets—collectively canvas the gamut of shopping experiences, and every strip of pitch around 125th Street connotes the urban lifestyle. But none is as topical or alluring as the famed 42nd Street.

42nd Street designates Manhattan's Midtown. It unfolds from the Hudson River on the west side, where the Intrepid military museum and sightseeing vessels dock, and rolls across fifteen north-south–running streets before ending at the East Dry River in the shadow of the United Nations plaza.

The 42nd Street of the '80s is where the crime and punishment reality TV we consume today would have been filmed. Seedy Roman bathhouses, twenty-five-cent peep shows, blaring cop car sirens, and torn fishnets cavorting with grimy overcoats were fixtures on the strip of 42nd Street between 7th and 11th Avenues. Today, thanks to the determination of the city's last few mayors, the revitalization of 42nd Street is a done deal—and Manhattan's proudest success story.

At first glance the new 42nd Street may seem like a miniature version of Disneyland minus the rides, but this lively thoroughfare has much more to offer than Walt's brand of animated comic relief. After all, it is 42nd Street that inspired the phrase "the city that never sleeps."

Near First Avenue, 42nd Street is demure and political. Ambassadors from around the world reside in the sleek towers that cluster around the United Nations plaza. The air is generally tranquil on this side of town, unless the president's entourage is visiting. Drifting westward,



a bevy of four-star hotels and pricey restaurants are sandwiched by chic day spas and aromatherapy salons that cater to selective appetites.

Lexington Avenue and 42nd Street is the main intersection for midtown's financial district. Where there's a commerce center there's commerce support: popular retailers Kenneth Cole, Nine West, and Bath & Body Works wage a fierce battle to court the brisk traffic at this junction. Grand Central Terminal, a landmark structure and major hub for railroad commuting, recently opened a worldly fast food court. Upstairs you can fetch a balcony seat to dine on baked clams and filet mignon in red wine sauce at Charlie Palmer's Metrazur, or prime U.S. cuts at Michael Jordan's Steak House.

Park, Madison, and Fifth Avenues lie shoulder-to-shoulder in upscale solidarity. The black suits of doormen and chauffeurs that hum about the gilded doors of Park Avenue strike a quirky juxtaposition to the black bags and helmets of maniac messengers dodging fearless pedestrians one block west on Madison Avenue—once the mecca for Manhattan's ad agency fraternity.

Each year the Irish, Puerto Rican, and gay and lesbian communities of New York get to pronounce their pride by parading down the prestigious Fifth Avenue and across 42nd Street. This intersection is the address of the head branch of the New York Public Library, and an entrance to Bryant Park. This manicured patch of green is a precious sanctuary to thousands of midtown office workers. In addition to the open-air Bryant Park Grill, folks congregate here to attend free public socials and to ride the recently opened vintage carousel. Twice yearly, *fashion-istas* flock to these converted greens to schmooze under white tents at the ready-to-wear Fashion Week runway shows.

Times Square is where Broadway, 42nd Street, and 7th Avenue collide. At this intersection seven titanic plasma screens suspended on skyscrapers beam visual noise at you faster than the speed of light. Rotating billboards, scrolling digital tickers, scorching neon lights, and tourists with craned necks bounce trance-like about this capsule of electricity. New to the landscape is the spectacle of screaming, herded tourists serving as live TV audiences for MTV and ABC cameras that pan Times Square to inhale its hip factor.

Off-Broadway stages and savvy restaurants with nightly live performances, like the Soul Café, line the west end of 42nd Street straight to the dockyard doorstep of the Circle Line, which cruises the island's coast from morning to dusk. If you only have forty-eight hours to explore New York, on 42nd Street, your time can go a long way.

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mentoring matters

by Joi Rhone

Many women of color are taking charge of their careers, networking, finding mentors, and moving up the corporate ladder as a result of that mentoring. Improved career strategies and accompanying success are the theme of a study by Catalyst, a non-profit research and advisory organization working to advance women in business and the professions. *Women of Color in Corporate Management: Three Years Later* is the first longitudinal look at the experiences of women of color in the workplace.

Catalyst tracked a core group of women-of-color managers over the past three years to chart their career movement and outline their steps to success. In a study of 368 women over a three-year period between 1998 and 2001, Catalyst found that fifty-seven percent had been promoted and overall income was up thirty-seven percent.

"The women in this study are clearly taking charge of their careers," Catalyst president Sheila Wellington said. "This is a call to action to companies. These women know the value they bring to organizations, and if their current employers fall short, many are willing to find employers that are actively working to create workplaces where women's contributions will be valued."

There is a marked increase in the number of women who have developed mentor relationships since 1998. Over half (fifty-eight percent) now report having a mentor, up from thirty-eight percent in 1998.

- Sixty-two percent of African-American women have mentors
- Fifty-one percent of Asian-American women and fifty-two percent of Latina women have mentors

"Mentorship is critical to advancement," Wellington said. "Seven out of ten women of color who had a mentor in 1998 have since had a promotion. What's more, Catalyst found that the more mentors a woman has, the faster she moves up the corporate ladder." About half the women have a mentor several job levels above their own, while ten percent consider a peer to be a mentor. Of the women's mentors, thirty-five percent are white men, nineteen percent are men of color, twenty-one percent are white women, and twenty-five percent are women of color.

Women who hold top jobs in their organizations are few and far between. Currently, women of color comprise a mere 1.3 percent of corporate officers in 400 of the Fortune 500, according to *2000 Catalyst Census of Women Corporate Officers and Top Earners.* For small businesses and women of color who seek to advance their careers and/or businesses, mentoring is something that should be explored and explored seriously. There are many organizations that have a commitment to mentoring as a focus:

- American Association of University Women – *www.aauw.org*
- American Business Women's Association – *www.abwahq.org*
- National Federation of Black Women Business Owners – *500 Massachusetts Avenue, N.W., Suite 5, Washington, D.C. 20005, (202) 833-3450*
- National Association of Women Business Owners – *www.nawbo.org*
- Women in Film – *www.wif.org*
- National Coalition of 100 Black Women – *www.ncbw.org*

Mentoring can be informal or formal. Look at the people around you that you admire and ask them to guide you and direct you in the ways of maneuvering and pushing forth your agenda. You might be surprised how many people are willing to help you become a success!

RC RHONE CONSULTING

Joi Rhone is principal and owner of Rhone Consulting. For more than eight years, first as jlr & associates and now as Rhone Consulting, the organization has earned a reputation for providing skilled and practical guidance on the technical needs of non-profit corporations. For more information on the services of Rhone Consulting, please email *info@rhoneconsulting.com* or call (877) 440-4757.

MOCHA coalition

We address the questions that were left unanswered

The MOCHA Coalition is an association comprised of the Chicago Department of Public Health and seven community based organizations (CALOR a division of Anixter, Greater Chicago Committee, Horizons Community Services, Howard Brown Health Center, Minority Outreach Intervention Project, South Side Help Center, and Test Positive Aware Network) synergistically working to improve the lives of African American and Latino gay men.

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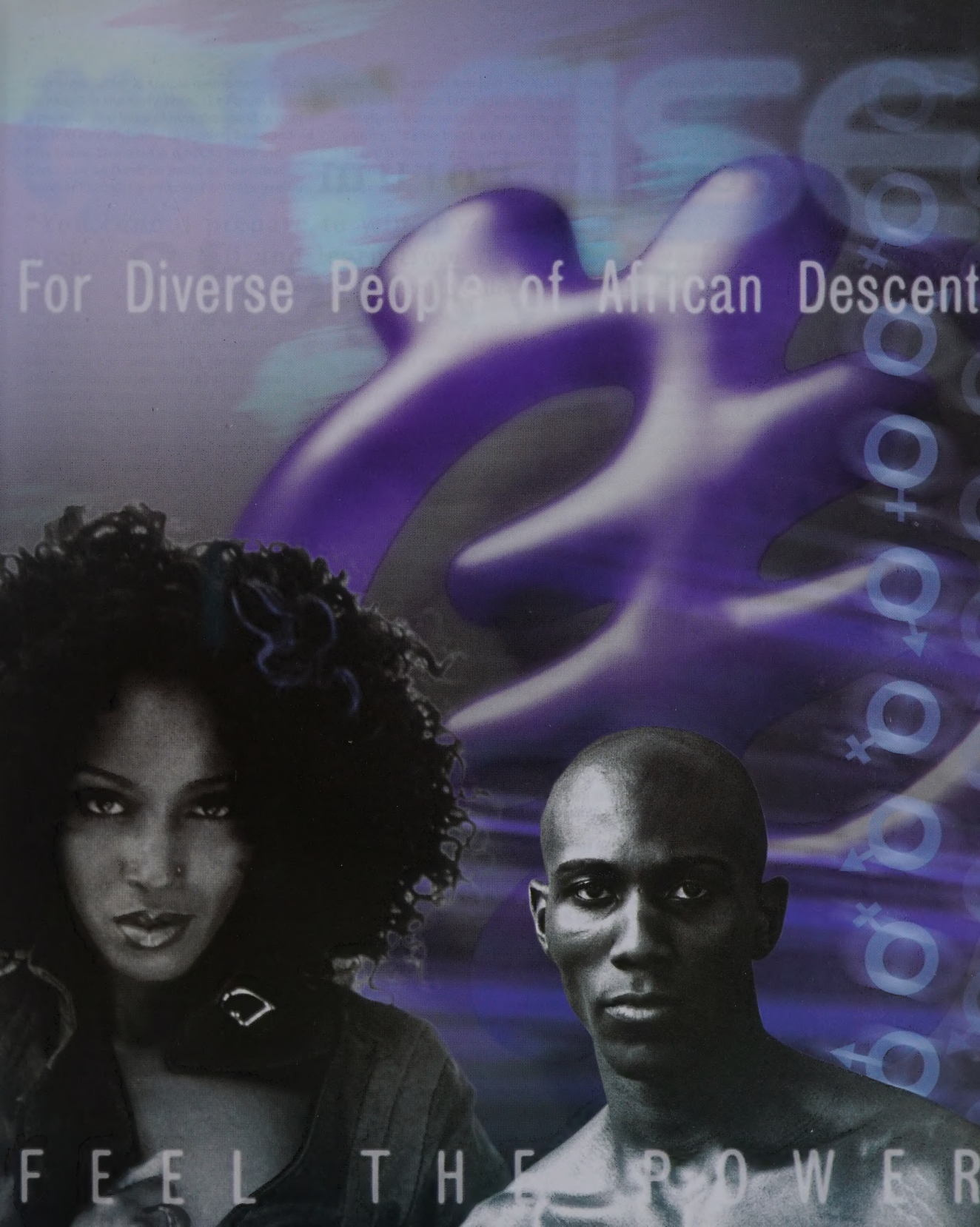

For Diverse People of African Descent
FEEL THE POWER

Can the Leadership Forum Be Salvaged?

"The emperor has no clothes," is how writer/publisher Stanley Bennett Clay, a regular attendee, characterized this year's lackluster National Black Lesbian and Gay Leadership Forum conference held in Detroit in conjunction with the city's seventh annual black gay pride celebration, Hotter Than July (HTJ). And lackluster may be perhaps too polite a term. "Anemic," and even "dead," was heard numerous times throughout the weekend. Whatever the case may be, with scarcely fifty registered participants, the NBLGLF is clearly in deep trouble and teetering on the brink of obsolescence, if not outright oblivion.

At the Hotter Than July opening banquet last year, Brenda Crawford, chairperson of the Forum's board, boldly stated the intent of her group to bring one thousand delegates to Detroit in 2002—a boast that rang hollow when Crawford herself turned out to be a no-show at this year's conference. With the exception of the facilitators, most of the workshops were virtually devoid of participants, and many were cancelled.

Certainly the fault does not lie with the efforts generated by Johnny Jenkins, president of Detroit Black Gay Pride, or his board, who intensely lobbied the Forum and hoped that by combining the two events, there would be a reciprocal payoff of increased attendance to both. Hotter Than July was a huge success despite some glitches of its own, such as rain on the day of the picnic. The opening ceremony, Pride March, the only of its kind for a black gay pride celebration, saw its numbers swell from fifty attendees last year to well over two hundred this time around. Detroit Black Gay Pride also landed Ford Motor Company as its largest corporate sponsor, which bequeathed a $5,000 grant, making it the first auto company to endorse a black pride.

Alvan Quamina, executive director of the ailing fifteen-year-old Leadership Forum, is keenly aware of the need for intense soul-searching—even while maintaining that the organization is fiscally sound. "We are prepared to fail at a conference—to say we've failed," he professed from his room high a top the Crowne Plaza Pontchartrain Hotel. "You cannot prepare to win if you are not prepared to fail and learn from it. It will make out next conference better because we will learn from it. Certainly we have to debrief and discover what went wrong."

One huge factor is simple mathematics. At its height in the early 1990s, the Forum enjoyed a membership base of nine thousand, a number that has shriveled to a paltry two hundred fifty today. Quamina is quick to point out that when he came on board as executive director in 2000, he inherited an organization that was mired deeply in debt, a situation he was able to reverse quickly during his short tenure and has continued to operate in the black despite losses incurred by this year's conference. He goes on to say, "It is a national entity—we are not interested in anything less in terms of scope. The Forum is definitely a national organization based on where our governance comes from. It's drawn from around the country."

> "You cannot prepare to win if you are not prepared to fail and learn from it."
>
> —Alvan Quamina, executive director, NBLGLF

Quamina underscores his point by talking not of factors that are qualitative, but rather of quantitative issues. For example, the Forum currently has a budget surplus of $600,000 and has finally been able to hire a paid staff of six full-time employees. It is also about to approve the addition of several new board members from a list of candidates from across the nation. "If we come out of this conference with a doubled board of directors after two years of not being able to attract new members, then that fact alone can be called a success."

Quamina explains that grant money woes plague the Forum as well. Grants monies are targeted specifically for producing the conference and are separate from the surplus money that is used to produce other programs. "This year, we were possibly too organized, and didn't get the funding," he states ironically. "In the past years, we've gone to the CDC in the last minute—desperate, but out of synch with the competition. Perhaps the lesson is we have to create an artificial crisis. Sticking to the rules seems to have penalized us."

Hester Wheeler, executive director of the Detroit branch of the NAACP, was the keynote speaker at the conjoined HTJ/NBLGLF Genesis Summit banquet. He acknowledged the disaffection felt by the African-American lesbians, homosexuals, and transgenders, stating, "Being black and gay is like being a Negro to the third power. I know the pain of being stigmatized. The challenge is not to be paralyzed."

Quamina later picked up that theme, saying, "The Forum intends to be the NAACP of the black LGBT community."

And perhaps therein lies the solution. Jenkins strongly urges the Forum to take that sentiment to heart—by allying itself with a national civil rights organization such as the NAACP through a corporate partnership, as Detroit Black Gay Pride has. "If other black organizations accept the same civic duty that HTJ has, then the Forum will find direction and success down the line," Jenkins sagely remarks. "Wherever the Leadership Forum decides to take the next step, DBG Pride is right there with them."

> "The workshops could have been more interesting.... There could have been more girls."
>
> —Kristin Benward, conference attendee from Oakland

Another answer could come in the form of closer ties to the International Federation of Black Gay Prides, which would allow the Forum to tap into grassroots community coalitions that could be key to its survival and future success. Quamina indicates that he is open to some variation of the suggestion. "We are committed to continue to collaborate with the Prides." In fact, the next conference will be held in New Orleans with the S.M.A.A.C. Youth Conference the fourth weekend of August 2003.

The simplest answer yet to the dilemma comes from the younger generation that the Forum hopes to groom to move its agenda forward in the future. "The workshops could have been more interesting," said Kristin Benward, a twenty-one-year old from Oakland. "There could have been more girls."

Deantwayne Hall, a nineteen-year-old youth volunteer from a Detroit outreach organization called Men of Color, agrees that the workshops were a major weakness. While stating the Forum staff was very professional, he noted that only one person showed up for the youth health institute that dealt with downer topics like HIV/AIDS and other sexually transmitted diseases—issues that desperately need to be impressed upon these kids. However, the workshop that covered the steamy topic of down-low brothas was packed. "The youth wanted the sex but not the health," Hall complained. "Those things could be combined." He and Benward concurred that they would not attend another conference based on their experience at this one.

During the NBLGLF's award ceremony at the Billionaire Boys Club brunch, transgender Forum board member Roosevelt Mosby put out a desperate call for help. "There is a perception that the Leadership Forum could not be touched. That's not true. It's for us!" He emphasized that it is up to the LGBT community to step up to the plate and revitalize the ailing organization. Speaking in general terms, he upbraided the gay community for its willingness to spend money on the clubs and cocktails yet typically be absent on important issues such as this one.

Kenneth T. Jones, research director of the *Black Pride Survey 2000,* who facilitated a town hall meeting during the Genesis Summit to announce the survey's findings, summed up the entire situation in a single succinct statement: "Whatever the black gay movement is going to evolve into, it's going to take partnerships with allies."

Photo credit: Jason A. Michael

1. Brothers from Oakland AIDS Project of the East Bay
2. Ruth Ellis Outreach Team
3. Debra Posey & June Washington
4. Ministers Darlene Franklin and Solomon Belle

5. Young Brothers from Men Of Color HOUSE
6. Brunch
7. D'Angela Show Shannon & her Children
8. Hotter Than July Pride March
9. Full Gospel Choir Members

AIDS Also Kills Integrity...

by Sharyn Grayson

For more years than I care to remember, I've been totally dumbfounded by the appointments, hiring, and promotions of certain persons who work in the HIV/AIDS arena. I just cannot conceive—in my mind, and my heart—how some of these people go home, socialize with their friends and families, and lay down for a full, uninterrupted night's sleep! I assume they sleep well, given the fact that countless numbers of men, women, and children are dying—hourly—while the most important factors in the hearts and minds of these so-called "leaders" are their salaries, benefit packages, travel plans ... oh yes ... and their "titles."

Many years ago, while working for an ASO in Oakland, California, I remember my firm testament (to my supervisor) was that, "I only wanted to do the work." She could handle all the politics because I wanted absolutely no part of it! She listened quietly as I went on a tirade about all the ills of the HIV/AIDS political arena. Looking me straight in the eye, she calmly responded that, "I couldn't have one without the other, as they go hand in hand." From that day, and the experiences that followed over the years, my entire perception of work in the HIV/AIDS field took on a new and profound meaning.

Now, after years of working in activism, outreach, administration, program directorships; and sitting on countless review teams, task forces, working groups, committees, and boards I can honestly say that my rose colored glasses—which I first donned in 1978 when my best sister girlfriend lost her battle to a strange disease the Los Angeles County General Hospital staff diagnosed as "a form of cancer" (a.k.a. KS, Kaposi Sarcoma)—have come off. I guess my intense sensitivity about the ridiculous and inhumane circumstances involving medical treatment for transgender men and women, especially after losing such a warm and vital spirit as my friend, set me firmly on my path to do my part, so that others would not have to endure such indifferent treatment during their suffering. Yet, even at that time, none of us knew what was yet to come.

Never in my wildest imagination would I ever have believed that, in the years that followed, while hundreds of persons were dying alone, often amid conditions that were considered tremendously deplorable, there would be others sitting in very well-paid positions of authority and power with little concern for change in HIV/AIDS policies. The immediate focus and concerns for these "community peers" were personal travel itineraries, salary increases, and other self-enriching projects.

Now this is not in any way meant to suggest that all persons in leadership roles in today's HIV/AIDS war are only there for the money.

But, in her June 2002 article *Dollars and Death (A&U Magazine),* writer Patricia Nell Warren certainly poses some interesting facts about the high incidence of corruption, misspending, and funds misappropriations surrounding AIDS.

She particularly notes the scandals in Puerto Rico, which were brought to light by activist Jose Fernando Colon. Through his efforts over the years, in 1999 five directors of the San Juan AIDS Institute were found guilty of embezzling $2.2 million from patient care between 1988 and 1994. Can you imagine that? Court testimony showed that Ryan White funds were diverted into offshore accounts and political campaigns. The FBI and a grand jury are now investigating this situation, with additional arrests made.

As Ms. Warren so appropriately queries, the ongoing Puerto Rican scandal raises a huge human question: *How many individual persons with AIDS—around the world—have died or suffered injury as a direct result of AIDS fraud and misappropriation?*

Do we really know? Do we want to?

People who steal or misspend AIDS funds can do devastating injury to others, as both Ms. Warren and Mr. Colon agree. Mr. Colon has personal information about numbers of Puerto Ricans who died because money meant for medical services and treatment was unavailable. Sadly, he himself lost his partner of seventeen years, simply because they were informed there was no money for needed medications.

For years, I have called for a reckoning in this matter on our own shores. At some point we must hold persons accountable for criminal activity that leads to senseless injury or death.

Recently, I've also had contact with Kevin Nuttall, an AIDS activist in North Carolina, who is demanding answers about funding for specific AIDS housing in his area.

Kevin is part of a growing team of dedicated individuals who are serious about providing resources and information for the HIV/AIDS consumers around the country. Together, they are utilizing their collective expertise in such areas as lobbying Congress, providing legal support for persons wishing to make complaints against their ASOs, etc.

As many of us already know, persons suffering the effects of HIV/AIDS are fearful of losing what few valuable services they may already be receiving if they verbalize any discontent about their local ASO. So they keep quiet and don't make waves. Kevin Nuttall refers to this situation as, "consumer disenfranchisement."

So in some cases, there is no merit in coming forth and expressing honest feelings about the services you do receive as a person living with a life-threatening disease. This probably accounts for the fact that there are so few of the actual consumers, for whom funding decisions are being made, seated at the decision-making tables. Being a whistleblower is not necessarily a good thing.

Nonetheless, the rest of us must continue to fight for accountability and integrity within the HIV/AIDS services community.

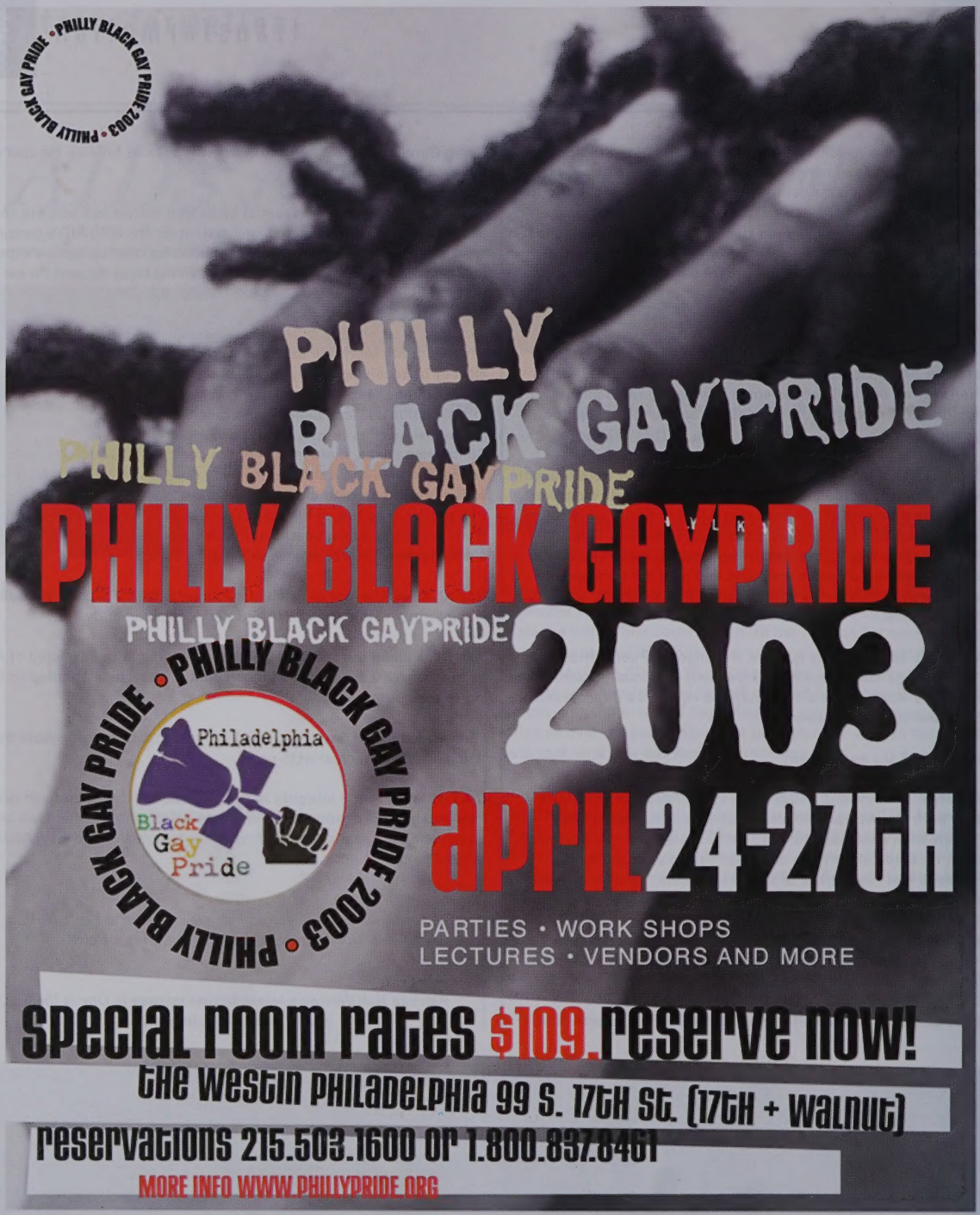
Just think about this: of the 448,060 people thought to have died of AIDS by the year 2000, how many of those deaths may be attributed to funding related crimes?

I don't need to tell any of you what you need to, or can do, about this rising atrocity which affects us all.

But I do know that if integrity is a key component for persons in decision-making roles within the immediate AIDS services field, we all stand a better chance of attending fewer funerals due to HIV/AIDS related circumstances.

A very special thank you to Patricia Warren and Kevin Nuttall for their gracious support with this article.

Patricia Nell Warren's latest fiction release is *One Is the Sun,* available at *wildcatpress.com*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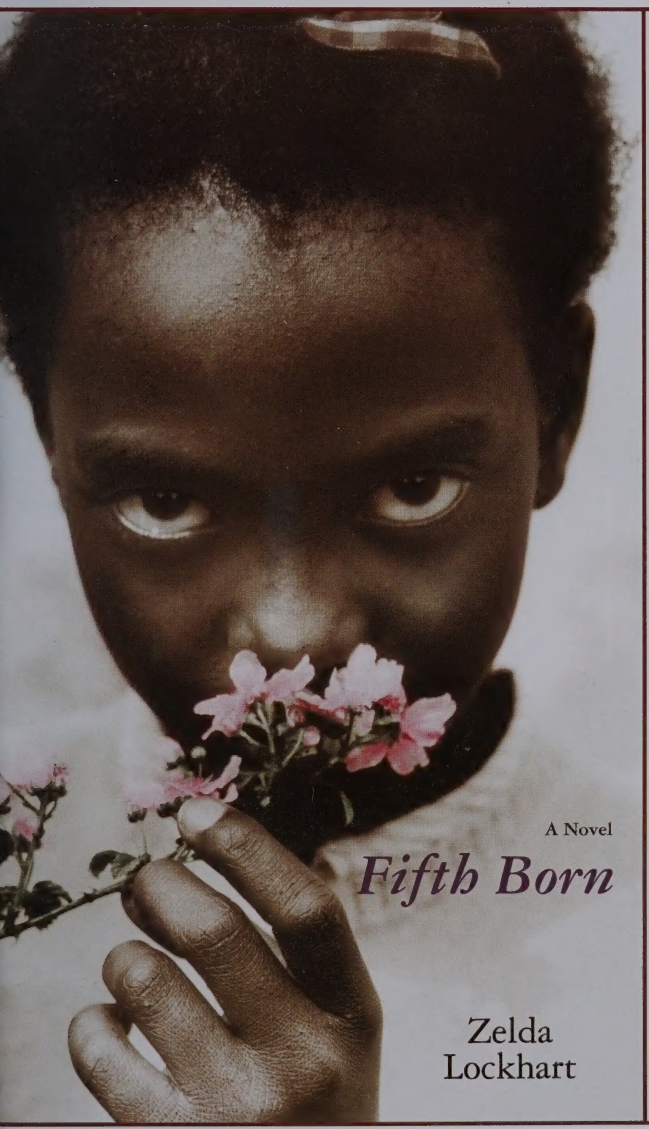

fifth born

A NOVEL

by

Zelda Lockhart

Set in the early 1970s in rural Mississippi and Missouri, *Fifth Born* paints a sometimes humorous, yet profoundly disturbing picture of family dysfunction. Writing with a lyrical voice, Lockhart presents a novel that is as sensitive as Toni Morrison's *The Bluest Eye* and as vivid as Edwidge Danticat's *Breath, Eyes, Memory.* Lockhart skillfully introduces us to the central character, Odessa Blackburn, and immediately the young Odessa commands our compassion as she struggles to survive against her family's corrupted perception of reality.

When Odessa is three years old, she is sadden by the death of her grandmother and clings to her memory as she longs for her mother's attention and a place of acceptance in her family. When her father, Loni, brings his niece Devon and her daughter, Gretal, from Mississippi to live with his family, Odessa finds both rival and a companion in Gretal's ornery presence.

At the age of five, Odessa is molested by her father. Her emotionally distant mother, Bernice, is aware of the abuse, but rids herself of the guilt by slapping Odessa into a state of memory loss and silence. As the years pass, Bernice gives birth to three more Blackburn children, and her emotional distance from her daughter increases as she tends to her alcoholic husband, leaving eleven-year-old Odessa to care for her three younger brothers.

book review

For Odessa and her siblings, the unpredictable drunkenness of their father is countered by the comic relief they find in their daily kids' play. Unfortunately, behind the tactics of their survival, a myriad of secrets unfold, and Odessa is the silent witness to them all. First she sees her mother having an affair with her father's more successful brother, Leland, and later bears sole witness to the tragedy of her father killing him. Loni benefits from the murder of his brother by inheriting his tavern and store. His family forgives him for the years of alcoholic hostility because he can now provide them with the pacifying comforts of money. Odessa, on the other hand, knows the truth of her fathers' good fortune and does not allow material things to dilute the bitterness she holds for him.

Loni threatens Odessa with stories of hunting deer and female rabbits in an attempt to intimidate her into a continued silence. But memories of her grandmother's word and her own maturity awake a defiance in Odessa that makes her impervious to his harassment. Her father responds to her inner strength by sexually molesting her again.

Tired of being abused by her family, Odessa bravely voices her concerns to her mother, who responds by beating her and covering up the violence with a lie about Odessa falling down a flight of stairs. Devastated by her mother's unwavering deceitfulness, Odessa does not defend herself when her parents lead their children to believe that her misbehavior is an act of resistance to the family's new and improved life. She is then placed in a hopeless position where telling the truth is perceived as the manipulation of a troublemaker.

Odessa feels as if her parents, siblings, and even her faith in God have betrayed her, until, in the heat of a Mississippi summer, she walks away from her disturbing circumstances. It is a chance meeting with an estranged relative, Ella Mae, that awakes the complex truth about the web of lies that have ensnarled her that forever changes the course of her life.

Fifth Born is gracefully written, and Lockhart not only demonstrates her shimmering talent as a novelist, but also her immense gift for masterfully weaving humor and beauty into the conflicting emotions that lie at the heart of such disturbing and complex issues.

An Atria Books Hardcover; ISBN 0-7434-1265-6;
Publication Date: August 6, 2002;
Price: $24.00

zelda lockhart photography by Barb Dybwad

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Into seeing reality for what it is.
Alone, for the mind can take you places, seen by our
Ancestors who paved many ways.

What is it to fall deep into a serene state,
Knowing you will overcome the hurt and anxiety.
Why love a love that can't love you back.
Come one for two is way too many.

I sit in a daze of seas angry by the wind
Of false hope.
But I awake to the joy of angels flapping
Their wings, praising the one God known to
Many.

I see visions of colors, drawn like red
Clay in a mossy ditch.
A country land cultivated by the hands of
Our brothers and sisters.

I then awake to see we have come so far in this
World of suffering
To know that being awoke is like
The treasures of the Nile.

By Jhahbriel C.E. Moore Sr.

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Sponsored by the Department of African-American Studies of the University of Illinois at Chicago, Northwestern University's Department of African American Studies and Gender Studies Program, and Affinity Community Services

Another Reason to Smile

D. W. Henderson

Your beautiful soul passes by me,
And the glow from your heart warms the winters of mine.
When I look into your eyes,
Sparkles of joy replace dim shadows of my doubts.
The quality of your karma is magnificent.
It is the perfect silhouette to a body with generous layers of
Grace and soft curves, dancing in perfect harmony.

I fell in love.
I fell for years and years.
I fell and fell
And when I landed,
I was in another universe;
Joined with a soul unlimited with wonders.
In a place full of peace and spiritual clarity.

Your beautiful soul passes by me,
Seducing passions of my human spirit,
Nurturing its hunger by touching its pulse.
And in your touch there is proof of love.

True treasures are better shared than captured.
The air we breathe is free.
The sun that warms is free.
Free to leave me with the smiles
Of having been touched by a beautiful soul.

illustration by Claibourn Hamilton

Variable Life Insurance's Potential for Tax-Deferral

May Go Unnoticed by Many Consumers

by Denise Liggett

While Americans pour billions of dollars into savings plans annually to help prepare and save for retirement, they may be far less aware of several life insurance benefits that can offer tax savings and tax deferral opportunities. Consumers' unfamiliarity with these opportunities means life insurance remains a highly recognized, but often misunderstood, vehicle.

Most people view life insurance as a means to provide financial protection and peace of mind for their families. Many, however, are unaware of the fact that the life insurance death benefit is generally paid income tax free. In other words, proceeds at the time of death from a life insurance policy are normally provided to the designated beneficiary with no income taxes deducted. As individuals look for effective ways to protect their families and businesses and to leave something to their heirs, life insurance represents one of the last truly income-tax-free savings vehicles still available.

Those seeking additional savings options may want to take a look at life insurance policies that offer potential tax-deferred cash value growth. Savers who also have a need for life insurance may be interested in products that offer both life insurance protection and cash value accumulation in one package. Perhaps the most versatile of these hybrid insurance products is Variable Universal Life (VUL) insurance.

With VUL, consumers have the added value of access to an array of investment options that can be an integral part of a long-term tax-deferred accumulation plan.* Many VUL policies offer top-quality, brand-name investment options, often from premier money managers, giving consumers a variety of options covering all asset classes including stocks (both domestic and international), bonds, money markets, and often a guaranteed interest option.

What's more, consumers benefit from VUL's built-in flexibility that allows for adjustments to coverage and premium payment amounts (restrictions apply) and gives access to cash value throughout the life of the policy as needs and objectives change. Many policies provide the freedom to choose the asset mix that best suits an individual's

tolerance for risk as well as one's investment time horizon. In fact, many insurers have programs that can help determine a customized asset allocation for each client.

Consumers who want to take advantage of VUL's protection feature should not overlook the tax benefits of accruing cash value in these policies. VUL enables consumers to secure more than life insurance protection when they contribute additional funds to help build cash value. Remember that all potential earnings are income tax deferred so the cash value has an opportunity to grow faster.

As long as the policy remains in force, consumers can withdraw or borrow** money from the cash value when needed to help pay for college tuition or a down-payment on a new home. The concept is similar to borrowing from a 401(k), except that the money doesn't need to be repaid until the death of the insured or when the policy is surrendered.

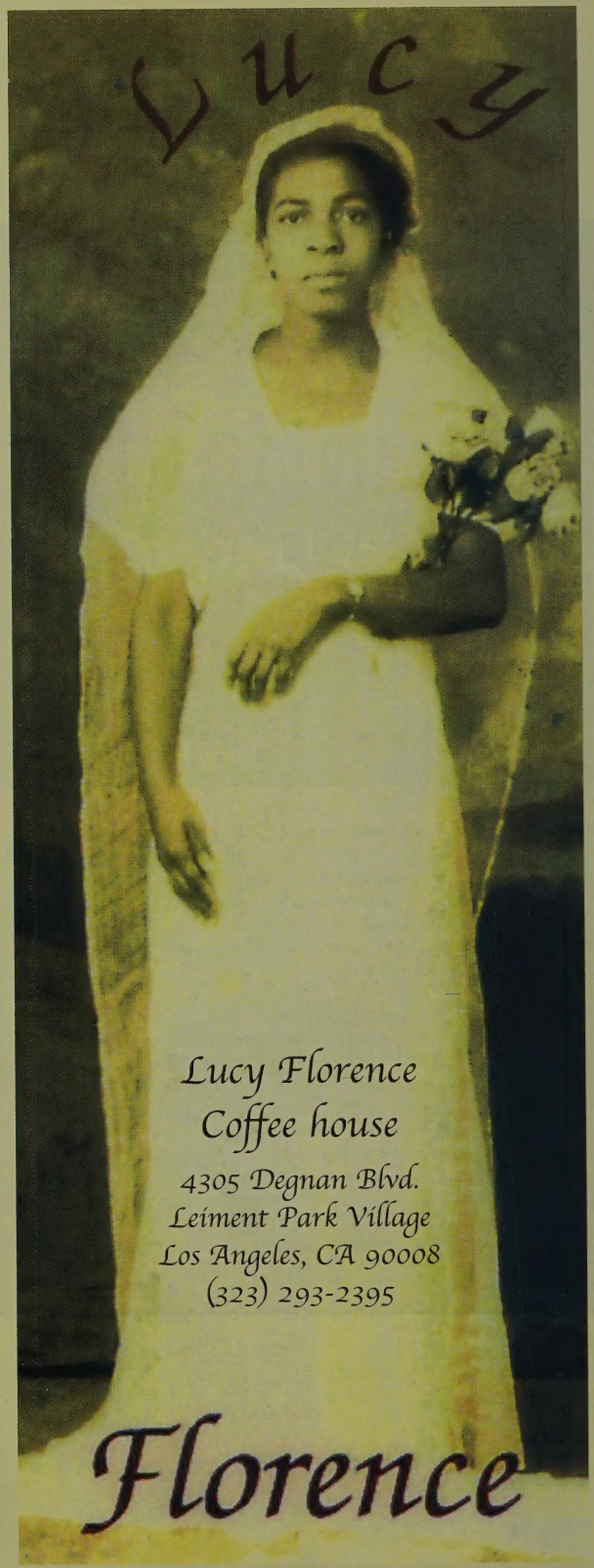
If this combination of life insurance, investment features, and flexibility sounds appealing, contact a local financial professional who can provide the details and help provide educated choices about life insurance needs and options.

* Investment values may fluctuate and are not guaranteed. If the variable investment options do not return enough to cover policy charges, investors may be required to pay more premiums to keep a policy from terminating.

** Loans and withdrawals will reduce the life insurance policy's death benefit and cash surrender value.

Denise L. Liggett is a registered representative of AXA Advisors, LLC, and Agent of The Equitable Life Assurance Society of the United States. She can be reached at (202) 277-5835.

This individual is an Investment Advisory Representative in MD, VA, DC, and NJ and is licensed to sell insurance products, and is registered to offer securities in those states



Dealing with Change

"It's important that you listen to your own internal counsel about what the changes within your organization will mean for you."

Change is everywhere. It is the only thing in our lives that is constant. What happens though when you are working within an organization that is experiencing significant change? Such episodes can be quite frustrating, alienating, and even scary. Many wonder: How will the changes affect how I do my job or how my work is perceived? Who do I report to now? When will things settle down so we can get back to work? What happens if I am unhappier after the changes are made than I was before we initiated the changes?

Well, here are a few suggestions to help you manage organizational change:

Become part of the change

Many organizations create working groups or committees to plan, manage, and implement change. Getting involved with these groups can be a proactive approach to getting your needs met in the change process. Groups responsible for organizational change processes benefit from having members who are not as comfortable with the changes as others in the organization but who are willing to speak and work sincerely and authentically to make the best of the situation. These members bring great insight to the group as to what and who they need to consider in ensuring that the changes are as comfortable as possible for all members of the organization.

Speak with others

Chances are, if you have questions about how the changes will affect you, others do as well. You may want to speak with a trusted colleague or supervisor about your concerns. Sharing your concerns can create room for others to express their concerns, but it can also help you address some of your concerns through sharing mutual support and collective problem solving. This sharing can be as formal or informal as you feel comfortable. You should think, though, about how the sharing will be perceived by others in the organization who may become aware of your reaching out in this way. Do you need to make clear to someone within your organization the purpose of your talking to others so that they know that you are attempting to be constructive rather than counter-productive?

Self-assess

Periods of significant organizational change are often good times to re-evaluate your role, relationship, and commitment to your organization. What are your long-term and short-term professional goals? How have those goals been furthered within the organization? How could those goals be furthered by any possible changes currently underway within the organization? Is it time to leave? Or is it time to move up in the hierarchy? Or is it time to move laterally to another department within the organization? Getting clear about what you want and where you want to go can be of great service to you in managing the changes that are occurring within your organization.

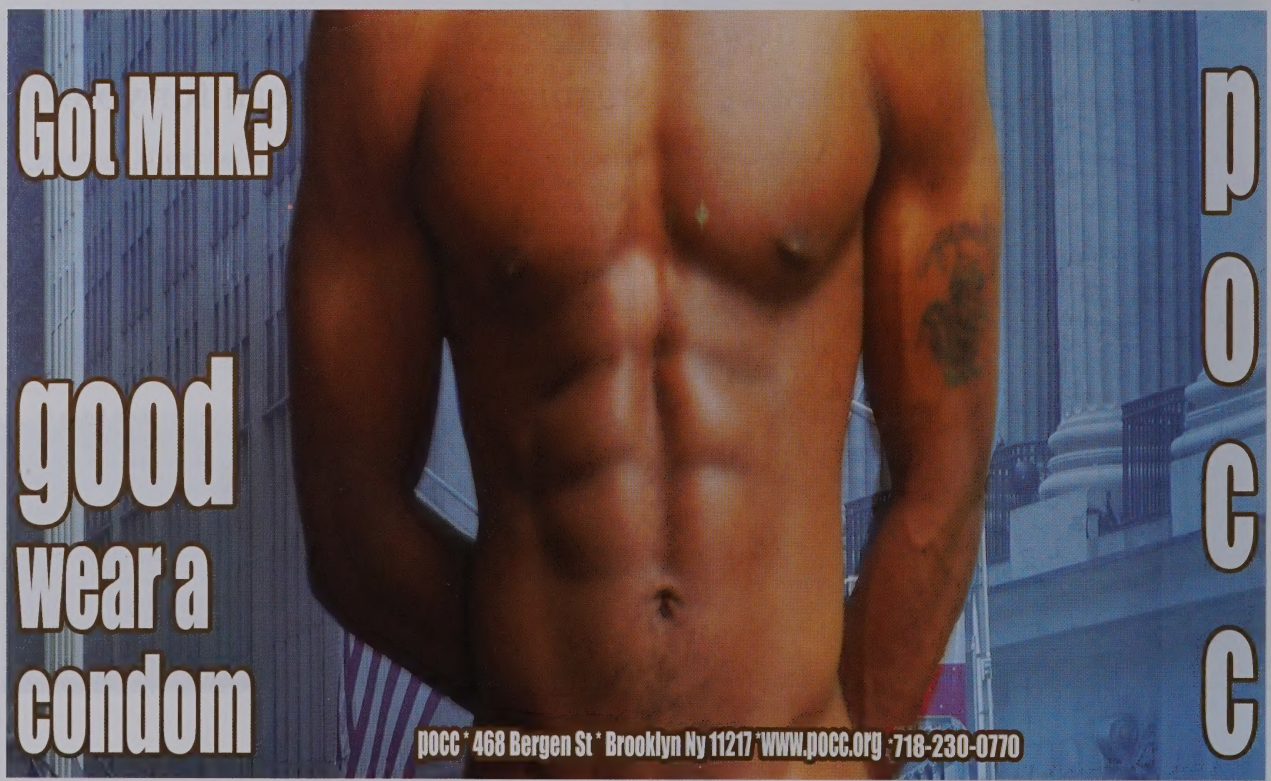
Let spirit guide you

It's important that you listen to your own internal counsel about what the changes within your organization will mean for you. Beyond responding to the fears or the anxieties, take some time to be silent so that you can be present for the wisdom and understanding that comes from spirit. Our ancestors as well as other protective spiritual energies oftentimes give us a wealth of advice as to what is going on and how we may be affected. Listen, breathe, and learn.

It is important to remember that change, any change, is an opportunity given to us by spirit to facilitate our growth and development. Change calls us to be accountable to the journey we take as human beings toward full realization and complete actualization of our potential. Although sometimes challenging, at times even traumatic, change can bring into our awareness possibilities we dared not hope for and opportunities we dare not ignore. Embrace the change and enjoy the ride.

Please send your questions, concerns, or problems in the areas of work and career, leadership, management and supervision, organizational development, and institution building to heru@profoundmoments.com to receive a possible response in this column.

Hameed S. Williams, also known as Heru Khuti
Founder and president, KHPRA Consulting and Training Services



And They Heard God's Call

by Sundiata Najja Alayé

It's a warm early Saturday evening, and the streets of downtown Washington, D.C. are filled with the usual mix of street vendors, theater goers, shoppers, and tourists. Everyone seems to be hurrying up to go nowhere. The air is light and the humidity subsiding as my date and I emerge from the parking garage on our way to the Historic Warner Theatre for the Ummah Endowment Fund's Sunset Fantasy White Party.

And then we see it. The movement of white—pants, dresses, scarves, gowns, headdresses, suits, and shoes. Brothers and sisters draped in white in every design imaginable. From what I've heard, the metropolitan area stores had been stripped of anything white for weeks. And I understand why. I also understand why the busy people on the street have seemed to come to a complete stop to take in the magnificence of

this sight—the spectacle and the pageantry of a tribe being called home. Life itself took to the streets tonight.

There is significance in the air. They know it, we know it, and there's the excitement of what's happening and what's about to come. There is a feeling of being part of something special, important. And as we enter the building, I'm suddenly feeling sorry for anyone who couldn't come for whatever reason. I'm blessed to be here tonight and I know it.

Picture it, beginning with the VIP reception, two hundred-plus beautiful brothers and sisters, gloriously wrapped in white, regal, rich, and pure. On the rooftop, God blows us into ceremony with a gentle breeze, and we are baptized by the sun and by the mesmerizing voice of Letticy. Her song, her sacred gift floats in delightful melodic waves, filling our hearts, our heads, and the heavens. You feel the rhythm of the ancients and the ancestors coming from inside of her. That sister, that Sister, That Sister!

Here we are seemingly a stone's throw from the blessed Heavens. We feel the change and we know that we are all part of it, for the brothers and sisters behind the scenes tonight have created the space for us to be transformed. There is love, there is generosity, and there is hope and sacrifice. There is genius, and there is selflessness. There is care and concern. There is remembrance. There is acceptance, and there is change. There is awakening. Yes, and there is God.

From the rooftop downstairs to the building's lobby, everything is transformed into a new age Oz by the genius and creativity of my friend and hero Brother Alvin King. Anything and everything he touches turns into pure platinum.

Who else could have planted the seed into the mind of the fund's founder, Brother Rahim Briggs who had a simple idea to raise money for AIDS services organizations serving people of color. Just three short years ago, Rahim, a loving, humble brother of gentle spirit, started this annual event in his back yard as a way of educating and informing brothers and getting us to rally collectively around this epidemic. As the rates of infections increased, so did his desire to do more. The Spirit reminded Brother Rahim, that one man can in fact make a difference, but not solely on his own. And so he called out for help.

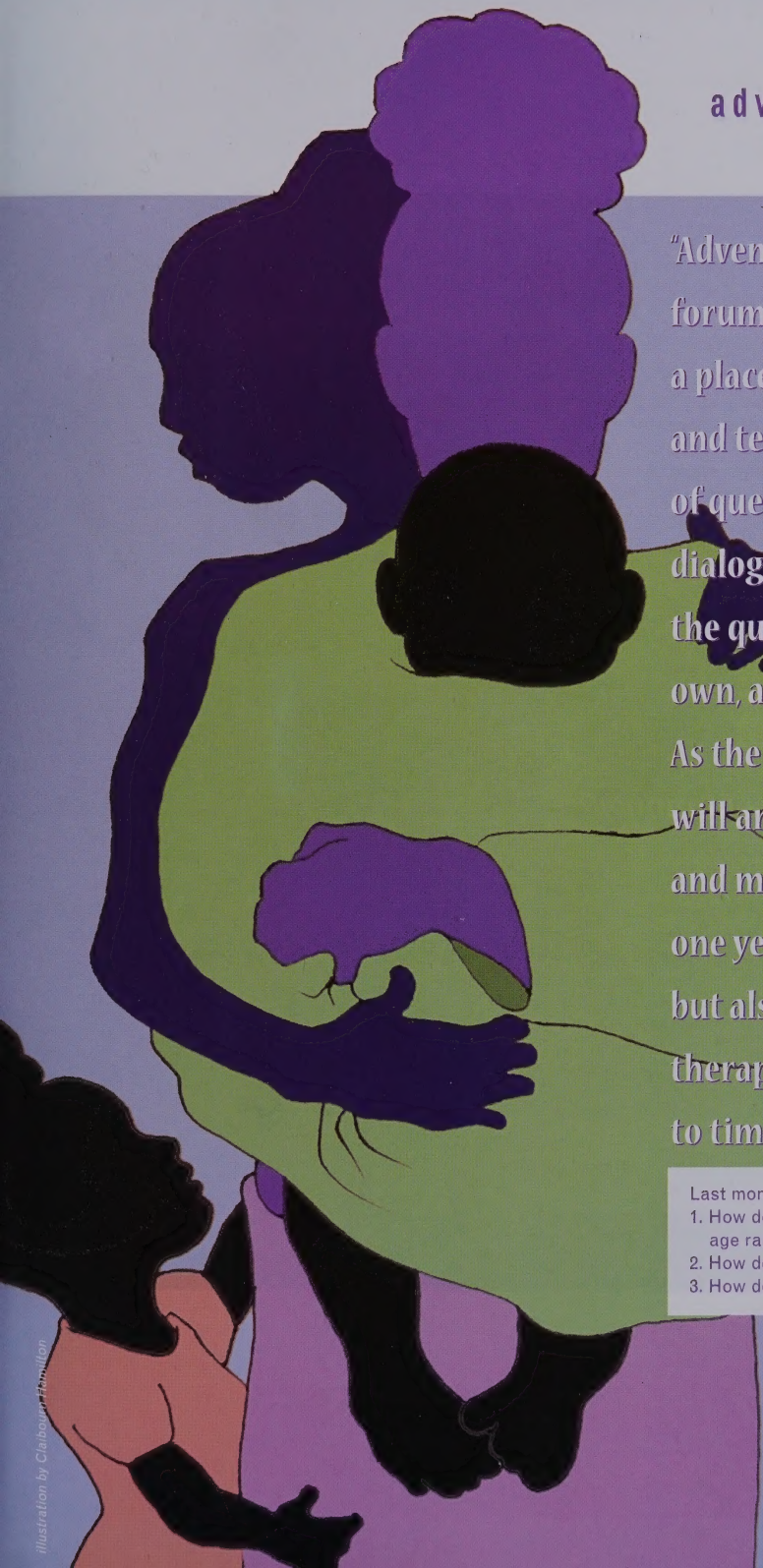
And so the Spirit brought Clyde Penn, one of the sharpest, most intelligent, and dynamic front line "Go to" brothers who organizes, influences, and just plain make things happen on time and in the right way. The call for volunteers went out. They worked and they planned, not fully aware of the historical significance, and certainly not fully aware of the spiritual significance their work would mean to us all. They did it not for the praise, they did it out of the love and desire to put a new face on the fight against HIV/AIDS, particularly in the same-gender loving men of color community. Thank God, they've arrived!

"We recognized during our efforts that it was just as important for us to pledge our time to help strengthen the organization as it was to give US Helping US—People into Living, an AIDS services organization in Washington, D.C., servicing men of color, the proceeds from the event," was the message of Brother Clyde H. Penn, Jr., chair of the Ummah Endowment Fund and the fundraiser. But realizing that funding is only part of the issue, the Ummah Endowment fund is committing one hundred hours of professional consulting to US Helping US in the areas of finance, marketing, fundraising, outreach, event production, and management consulting.

From the White Party alone, the Ummah Endowment Fund presented US Helping US with $10,000 in cash, and to date has accounted for over $40,000 in proceeds to Us Helping Us. Not bad for a band of brothers full-time jobs and other life commitments.

The Ummah Endowment Fund used this year's event, its largest ever, to introduce its new theme and motto, "LIVE!" The complete theme, which will become the cornerstone of all of the fund's activities and efforts, is, "Get Tested. Get Treated. Be Healthy. Be Safe. LIVE!"

The Spirit reminds us just what a difference one can make by getting many involved. This is just the beginning; I'm sure there will be an amazing transformation from powerless to powerful. The brothers and sisters of Ummah, I thank you, and the community in all its turmoil, hurt, and pain thanks you for recognizing the unspoken need. Special thanks for asking me to be the Honorary Co-Chair of the event, and an even more special thanks to Keith for flying across country to escort me, and to Brother Kunle Ade of Moshood's in Brooklyn, New York, for dressing me with perfect detail.



"Adventures in Parenting" is a new forum to give diverse LGBT parents a place and space to connect with and teach each other. I asked a couple of questions last month to start the dialogue. I encourage parents to answer the questions asked here, ask their own, and tell stories about their kids. As the forum continues, parents will answer each other's questions, and my mom, who has not only thirty-one years of parenting experience, but also twenty-five years as a family therapist, will chime in from time to time with her own vision.

Last month's questions were:

1. How do you come out to your children? Is there a specific age or age range that you think is better than others?
2. How do you teach your children about money?
3. How do you create high self-esteem in your children?

Here we go...

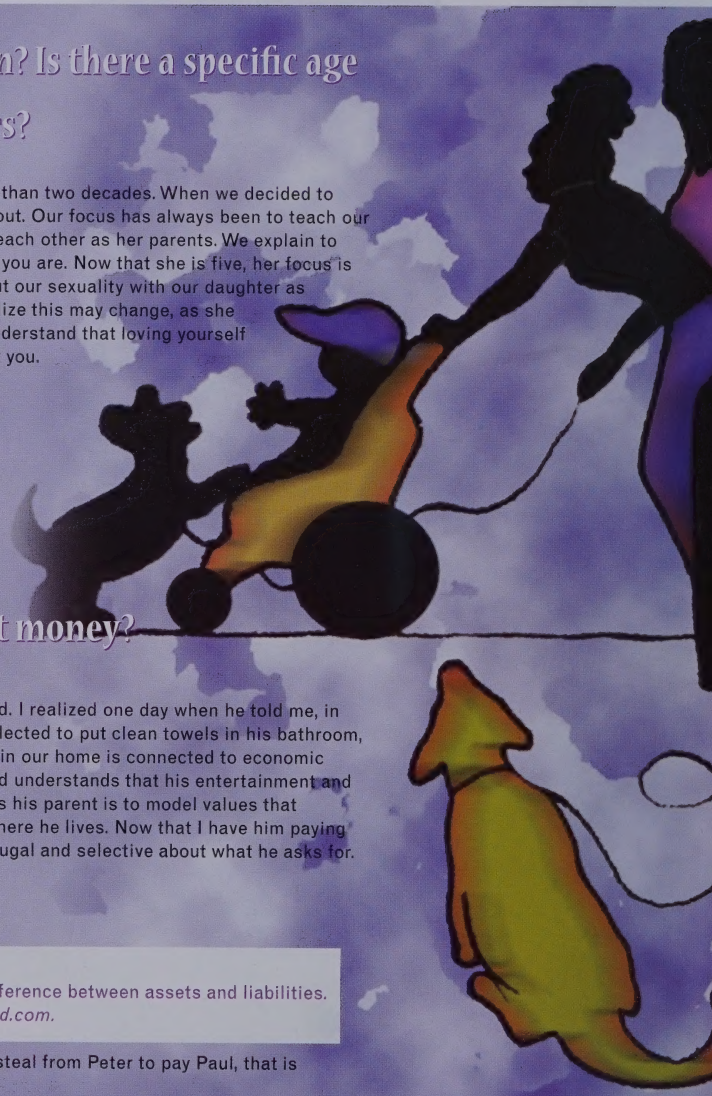
Illustration by Clarbourn Hamilton

Who do you come out to your children? Is there a specific age or age range that is better than others?

My partner and I have been very clear about out sexuality for more than two decades. When we decided to bring a child into our family, the issue for us wasn't about coming out. Our focus has always been to teach our child about love, the love we have for her and the love we have for each other as her parents. We explain to her that feeling good about yourself means loving yourself for who you are. Now that she is five, her focus is on the fact that she has one mommy and one momma. We talk about our sexuality with our daughter as any parent would—as her parents. We love each other. We also realize this may change, as she grows older, but we see our primary responsibility is to help her understand that loving yourself is more important that worrying abut what other people think about you.

Liza Fullbright & Elise Woodard
Farmingham, New York

Mom's two cents:
—When the question is asked, and
—As early as possible, depending on the how comfortable the parents are with the question.



How do you teach your children about money?

My son, who is now twelve, has received every benefit I could afford. I realized one day when he told me, in his annoyed and self-righteous tone, that the housekeeper had neglected to put clean towels in his bathroom, that his values were off kilter. Since then, the discussion of money in our home is connected to economic opportunity and social responsibility. He receives his allowance and understands that his entertainment and special treats are his responsibility. As I see it, my responsibility as his parent is to model values that teach him his worth can never be measured by what he wears or where he lives. Now that I have him paying for his own recreation, I have noticed he has become much more frugal and selective about what he asks for.

David E. Williams
Houston, Texas

My two cents:
Read *Rich Dad/Poor* Dad by Robert Kiyosaki. It taught me the difference between assets and liabilities. There are some great teaching tools on his web site, *www.richdad.com.*

And get your finances together. Children learn by watching, if you steal from Peter to pay Paul, that is what you teach your children.

illustration by Claibourn Hamilton

How do you create high self-esteem in your children?

Kahlil Gibran's take on childhood from *The Prophet:*

Your children are not your children....
They come through you but not from you,
And though they are with you, yet they belong not to you.
You may give them your love but not your thoughts.
For they have their own thoughts.
You may house their bodies but not their souls,
For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams.

Mom's two cents:
—Each child is conceptualized as an individual separate from moms and pops.
—When dealing with your child and weigh- Provide good food and don't nag.
—As for school work, it is the job of the child. Trust your child with it. As has been written, "A child will live up or down to the expectations set for them."

My two cents:
If you believe your children can do anything, they will grow up knowing they can do anything.
***

Well, that's our beginning. Please respond agree, disagree, ask other questions. Send your comments, answers and questions to *TashameeD@aol.com.*

I look forward to our continued discussion.

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phill wilson

BARCELONA 2002
Was it really worth it?

Reflections on the opportunity cost of the Barcelona AIDS Conference

Last month, the world invested in all of us, an investment we cannot afford to squander. Fifteen thousand AIDS activists, researchers, clinicians, journalists, policy makers, and people living with HIV/AIDS participated in the XIV World AIDS conference in Barcelona, Spain. We came together from many different directions: poor, rich, young, old, volunteer, and professional. Yet each of us, no matter what our background, took up precious resources to attend.

Throughout the week, I, and many others there, wondered whether those resources were spent wisely. If the average cost for each of the 15,000 people there was $3,000, that's a $45 million dollar investment. At $500 per year, that's 90,000 people who could have received anti-retroviral treatment. Did we accomplish enough in Barcelona to justify the cost of one year of life-sustaining therapy for 90,000 people?

The answer lies in us—me, you, each and every one of us. It depends on how we use that investment in our local communities. Hopefully, we learned new skills, made new alliances, forged new partnerships. International AIDS conferences can be extraordinary opportunities for so many different kinds of people to unite in the fight against HIV/AIDS.

But as the conference grows in size and cost, we must always be conscious of the opportunity cost of the investment it represents. We are so short of resources. So many in the world go without treatment. So many in the world still lack the protection of prevention. Each and every dollar must be carefully spent, for there is no margin for waste. Will we use our new skills, alliances, and partnerships wisely?

This epidemic can be brought to an end, but that can only happen when all of us do our utmost. If I'm a reporter, I need to write more and better stories. If I'm a researcher, I need to do more to find better treatments, prevention strategies, microbicides, and vaccines. If I'm a community prevention worker, I need to build stronger alliances to reach more people with life-saving skills. If I'm positive, I must commit to protecting others from the virus within. If I'm negative, I must commit to staying so.

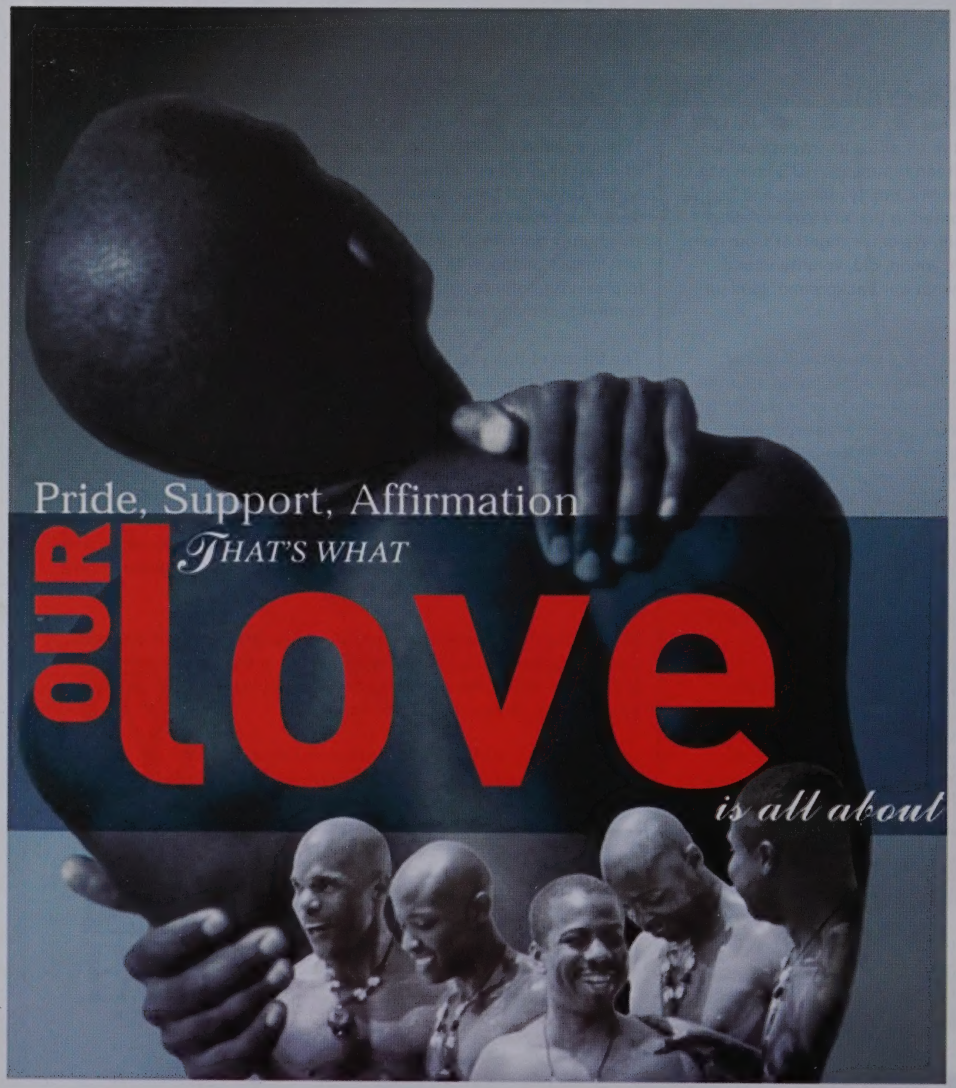
The theme of this year's conference was Knowledge and Commitment for Action. Clearly, we have had knowledge for some time about the global devastation being wrought by AIDS. And we've also heard too many hollow commitments.

Now is the time for action. Immediate action. Real action. Big-scale action. Action commensurate with the massive scale of this pandemic. In the African-American community, AIDS is a huge problem. It demands huge solutions. We must stop tinkering around the edges and develop the kind of comprehensive and inclusive programming that a pandemic of this magnitude deserves.

That action must come from each of us. Our protests, our outrage, and our demonstrations must be grounded in our own personal commitment to action. We can't accuse others of inaction until we've done all that we can to end this epidemic.

Phill Wilson is executive director of AAAPTI, the African American AIDS Policy and Training Institute.

We are worth protecting.



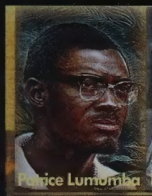
OUR LOVE

STOP AIDS PROJECT

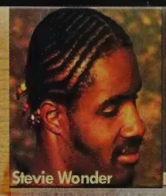
OUR LOVE is the black men's program of the STOP AIDS Project

Come out.
Come to one of our events
Come together as a community.

For information on our events and volunteer opportunities, visit www.ourlove-sf.org or call 415.575.0155.



Why are Black People Willing To get HIV, When We Come From Such Greatness?



BLACK PEOPLE TOO ARE WORTHY OF LONG LIFE AND GOOD HEALTH. LET'S ADDRESS THIS. LET'S WORK TOGETHER

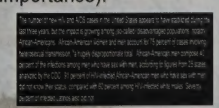
AMASSI
Health, Culture, Affirmation

www.AmASSI.com

Through our own research at the AmASSI Center-Los Angeles, we have discovered that many who are HIV positive were fully knowledgeable of how the virus is transmitted and spread during the unprotected sexual experience that infected them. Our 1996 survey included responses from 1000 African Americans in the Los Angeles area, ages ranging from 12 to over 40, and represented a broad range of socioeconomic backgrounds, including homeless persons (AmASSI survey, 1996). We found that for all age categories, at least 86% of all respondents correctly identified that abstinence, condom use, and avoidance of IV drug use were the primary prevention approaches to avoid HIV. AmASSI as an organization has understood that HIV prevention involves much more than client education, as there are often life circumstances that influence individuals to make risky behavioral choices, despite their having adequate knowledge of how to protect themselves.

AmASSI's approach to HIV/AIDS prevention and risk-reduction seeks to effectively slow down the spread of the epidemic among African Americans at risk. Our Critical Thinking & Cultural Affirmation (CTCA) HIV Prevention/Intervention model focuses on guiding clients to increase their capacity to critically examine their emotional and/or mental blocks to well-being in their personal lives, relationships and community. Participants are encouraged to examine why they are willing to "die" and/or spread disease for sex, intimacy, approval, power or love. They are supported in identifying the possible genesis of what led to that state of mind or emotion, which we call "deconstructing their reality constructs." We have found that many African Americans' "HIV risky" states of mind are connected to isolation or emotional and self worth disorientation. Qualitative interviews conducted at our center focused on asking African-American clients under what circumstances they would be more likely to engage in unprotected sex (AmASSI survey, 1996).

A cross-section of some of the situations discussed lists as follows (not in order of frequency or importance):
1) when depressed or after a relationship break-up;
2) when experiencing high sexual desire and a willing partner is available;
3) when pressured by a dominating partner;
4) when incarcerated;
5) when under the influence of drugs or alcohol;
6) when trying to make a failing relationship work;
7) when feelings of homosexuality/bisexuality, loneliness or being single seem too burdensome; and
8) when any kind of lubrication, including mineral oil based, is available.



Again, it is apparent from these findings that the issue of knowledge is not paramount here for many African Americans; however, issues of social pressures, sexuality, relationships, power, emotional and mental health are.

1.800.STOP HIV

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